

Exhibit 3

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Attorneys for Plaintiff
Securities and Exchange Commission
351 South West Temple, Suite 6.100
Salt Lake City, Utah 84101
Tel: (801) 524-5796

IN THE UNITED STATES DISTRICT COURT
DISTRICT OF UTAH, NORTHERN DIVISION

SECURITIES AND EXCHANGE
COMMISSION,

Plaintiff,

v.

DIGITAL LICENSING INC. (d/b/a “DEBT Box”), a Wyoming corporation; JASON R. ANDERSON, an individual; JACOB S. ANDERSON, an individual; SCHAD E. BRANNON, an individual; ROYDON B. NELSON, an individual; JAMES E. FRANKLIN, an individual; WESTERN OIL EXPLORATION COMPANY, INC., a Nevada corporation; RYAN BOWEN, an individual; IX GLOBAL, LLC, a Utah limited liability company; JOSEPH A. MARTINEZ, an individual; BENJAMIN F. DANIELS, an individual; MARK W. SCHULER, an individual; B & B INVESTMENT GROUP, LLC (d/b/a “CORE 1 CRYPTO”), a Utah limited liability company; TRAVIS A. FLAHERTY, an individual; ALTON O. PARKER, an individual; BW HOLDINGS, LLC (d/b/a the “FAIR PROJECT”), a Utah limited liability company; BRENDAN J. STANGIS, an individual; and MATTHEW D. FRITZSCHE, an individual;

Defendants,

Case No.:

DECLARATION OF KARAZ S. ZAKI IN SUPPORT OF PLAINTIFF SECURITIES AND EXCHANGE COMMISSION’S EX PARTE APPLICATION FOR ENTRY OF TEMPORARY RESTRAINING ORDER AND ORDERS (1) FREEZING ASSETS; (2) REQUIRING ACCOUNTINGS; (3) PROHIBITING THE DESTRUCTION OF DOCUMENTS; (4) GRANTING EXPEDITED DISCOVERY; (5) REPATRIATING ASSETS; AND (6) ORDER TO SHOW CAUSE RE PRELIMINARY INJUNCTION

ARCHER DRILLING, LLC, a Wyoming limited liability company; BUSINESS FUNDING SOLUTIONS, LLC, a Utah limited liability company; BLOX LENDING, LLC, a Utah limited liability company; CALMFRTZ HOLDINGS, LLC, a Utah limited liability company; CALMES & CO, INC., a Utah corporation; FLAHERTY ENTERPRISES, LLC, an Arizona limited liability company; IX VENTURES FZCO, a United Arab Emirates company; PURDY OIL, LLC, a Nebraska limited liability company; THE GOLD COLLECTIVE LLC, a Utah limited liability company; and UIU HOLDINGS, LLC, a Delaware limited liability company,

Relief Defendants.

I, Karaz S. Zaki, pursuant to 28 U.S.C. § 1746, declare as follows:

1. I am over twenty-one years of age and am a resident of the State of Maryland.

2. I make this declaration in support of the United States Securities and Exchange Commission's ("Commission's") *Ex Parte* Application for Entry of Temporary Restraining Order and Orders (1) Freezing Assets; (2) Requiring Accountings; (3) Prohibiting the Destruction of Documents; (4) Granting Expedited Discovery; (5) Repatriating Assets; and (6) Order to Show Cause re Preliminary Injunction.

3. I have personal knowledge of the matters set forth herein, except as otherwise noted, and, if called as a witness, I could and would competently testify under oath to the facts stated herein.

4. I am a Certified Public Accountant employed within the Division of Enforcement in the Commission's Home Office in Washington, D.C. I have worked within the Commission's Division of Enforcement since June 2000.

5. In the course of my duties with the Commission, I regularly conduct inquiries and assist in investigations into possible violations of the federal securities laws. My responsibilities include analyzing financial records, including: bank records, other books and records of companies, and other information and documents that have been obtained by Commission staff during the course of investigations. I make calculations and observations based upon my review and analysis of those records, and I prepare spreadsheets and charts summarizing those calculations and observations. The documents that I analyze in the course of my duties with the Commission are of the type reasonably relied upon by accountants forming opinions and inferences about, among other things, the finances of an entity and its sources and uses of money.

6. As part of my duties as an accountant with the Commission, I was assigned to the investigation entitled *In the Matter of Digital Licensing Inc.* (SL-02891), and, among other things, I analyzed certain bank and financial records associated with and related to Defendants Digital Licensing Inc. (d/b/a “DEBT Box”) (herein, “DEBT Box”) and iX Global, LLC (“iX Global”); and Relief Defendants Blox Lending LLC (“Blox Lending”); Business Funding Solutions, LLC (“Business Funding Solutions”); Calmes & Co Inc. (“Calmes & Co.”); Calmfritz Holdings, LLC (“Calmfritz Holdings”); The Gold Collective LLC (“The Gold Collective”); and UIU Holdings, LLC (“UIU Holdings”).

7. In particular, I analyzed bank records, including monthly statements, cancelled checks, deposit records, bank signature cards, and wire details, for the following bank accounts associated with the Defendants and Relief Defendants listed herein in paragraph 6, all of which were produced in response to subpoenas that I understand were issued by Commission staff to the listed banks.

Bank	Account Number (Last Four Digits)	Account Name
America First Credit Union	xx2519	Blox Lending LLC
Bank of America, N.A.	xx3814	Blox Lending LLC
Bank of America, N.A.	xx1004	Blox Lending LLC
Bank of America, N.A.	xx1020	Blox Lending LLC
Washington Federal Bank	xx8442	Blox Lending LLC
UTAH FIRST FCU	xx5607	Business Funding Solutions
JPMORGAN CHASE BANK, NA	xx6549	Calmes & Co Inc
JPMORGAN CHASE BANK, NA	xx2788	Calmes & Co Inc
JPMORGAN CHASE BANK, NA	xx6893	Calmes & Co Inc
JPMORGAN CHASE BANK, NA	xx0639	Calmfritz Holdings, LLC
JPMORGAN CHASE BANK, NA	xx8115	Calmfritz Holdings, LLC
US BANK, NA	xx4054	Calmfritz Holdings, LLC
Mountain America CU	xx2717	Digital Licensing Inc.
Zions First National Bank	xx4702	Digital Licensing Inc.
Zions First National Bank	xx2497	Digital Licensing Inc.
Mountain America CU	xx0736	IX Global
Bank of America, N.A.	xx8643	IX Global LLC
Bank of America, N.A.	xx8630	IX Global LLC
Bank of America, N.A.	xx8656	IX Global LLC
JPMORGAN CHASE BANK, NA	xx7087	IX Global LLC
JPMORGAN CHASE BANK, NA	xx1712	IX Global LLC
Metropolitan Commercial Bank - Revolut payment processing	xx9883	IX Global LLC
Zions First National Bank	xx0053	The Gold Collective LLC
Zions First National Bank	xx2273	The Gold Collective LLC
Zions First National Bank	xx3593	The Gold Collective LLC
Zions First National Bank	xx3601	The Gold Collective V LLC
Zions First National Bank	xx3585	The Gold Collective VI LLC
Bank of America, N.A.	xx0882	UIU Holdings LLC
Washington Federal Bank	xx0589	UIU Holdings LLC

8. The bank account records, produced by banks listed in paragraph 7, included declarations of relevant custodians of records, which are attached hereto, in total, as Exhibit 1.

9. The bank account records, produced by the banks listed in paragraph 7, included signature cards for the accounts, which are attached hereto, in total, as Exhibit 2.

10. Based on my review of the documents listed in paragraphs 7–9, I have compiled the attached Exhibit 3, which identifies, for each account: the bank at which the account is held;

the last four digits of the account number; the name on the account; the “Beginning Date” (*i.e.*, the date from which the records I reviewed begin); the “Beginning Balance” (*i.e.*, the balance in the listed account at the “Beginning Date”); the “End Date” (*i.e.*, the date at which the records I reviewed end); the “Ending Balance” (*i.e.*, the total balance in the account as of the “Ending Date”); and the “Authorized Signers” (*i.e.*, the individuals or entities which are listed as authorized signers on the account).

11. In addition, based on my review of the documents identified in paragraphs 7–9, I have made the following observations and calculations:

12. Between April 2021 and May 2023 at least \$49 million in investor funds were deposited in the above-listed bank accounts. In particular, I identified a total of \$49,097,035.82 in deposits to the above-listed accounts which fall within one or more of the following categories: (1) deposits in which the “memo” field identified the transaction as an investment or as for the purchase of DEBT Box “tokens” or “licenses”; (2) deposits from those individuals and entities who had other deposits matching the parameters identified in the first category; (3) deposits from individuals in whole number increments (such as \$10,000, \$50,000, or \$100,000); and (4) other deposits from certain third-party payment processors that, given the circumstances, could be reasonably attributed to the purchase of the DEBT Box “node licenses” as alleged in the Commission’s Complaint.

13. The investor deposits I identified (pursuant to the parameters listed in paragraph 12) involved bank accounts associated with Defendants DEBT Box and iX Global and Relief Defendants Calmfritz Holdings and Calmes & Co. In particular, I identified investor deposits totaling approximately \$13,000,000 into bank accounts associated with Defendant DEBT Box, which represented approximately 86 percent of the total deposits made into those accounts over

the time period for which I reviewed records. I identified investor deposits totaling approximately \$23,000,000 into bank accounts associated with Defendant iX Global, which represented approximately 56 percent of the total deposits made into those accounts over the time period for which I reviewed records. I identified investor deposits totaling approximately \$12,700,000 into accounts associated with Relief Defendant Calmfritz Holdings, which represented approximately 96 percent of the total deposits made into those accounts over the time period for which I reviewed records. And I identified investor deposits totaling approximately \$300,000 into bank accounts associated with Relief Defendant Calmes & Co., which represented approximately 15 percent of the total deposits made into those accounts over the time period for which I reviewed records. In total, investor deposits of approximately \$49,000,000 represented 69 percent of the total deposits (excluding interbank transfer and returned items) made into the above referenced accounts.

14. With respect to the accounts associated with Defendant DEBT Box, I identified the following activity, among other things:

- The accounts associated with DEBT Box had a zero balance as of March 21, 2021;
- From March 2021 to May 2023, approximately \$34,000,000 was deposited. These funds were disposed of leaving an ending balance of approximately \$367,000 as of May 30, 2023.
- The DEBT Box accounts transferred or paid funds to the following Defendants and Relief Defendants, in the following approximate net amounts: Relief Defendant Archer Drilling, LLC \$1,600,000; Relief Defendant Business Funding Solutions \$12,000,000; Relief Defendant

Blox Lending \$500,000; Defendant Schad E. Brannon \$60,500; Relief Defendant Purdy Oil, LLC \$2,700,000; Relief Defendant The Gold Collective \$4,000,000; Defendant Royden B. Nelson \$40,000.

Attached hereto as Exhibit 4 is a detailed spreadsheet of the transactions described above.

15. With respect to the accounts associated with Defendant iX Global, I identified the following activity, among other things:

- The accounts associated with iX Global had a zero balance as of August 21, 2021;
- From August 2021 to May 2023, approximately \$50,500,000 was deposited. These funds were disposed of leaving an ending balance of approximately \$763,000 as of May 1, 2023.
- The accounts transferred or paid funds to the following Defendants and Relief Defendants, in the following approximate net amounts: Defendant DEBT Box \$3,900,000; Relief Defendant Blox Lending \$4,350,000; Relief Defendant Flaherty Enterprises, LLC \$268,500; Relief Defendant IX Ventures FZCO \$1,350,000; Defendant Joseph Anthony Martinez \$3,100,000; Defendant Travis A. Flaherty \$575,000; Relief Defendant Business Funding Solutions \$250,000.

Attached hereto as Exhibit 5 is a detailed spreadsheet of the transactions described above.

16. With respect to the accounts associated with Relief Defendant Calmfritz Holdings, I identified the following activity, among other things:

- The accounts associated with Calmfritz Holdings had a zero balance as of May 5, 2021;

- From May 2021 to April 2023, approximately \$14,500,000 was deposited. These funds were disposed of leaving a negative ending balance as of April 30, 2023.
- The accounts transferred or paid funds to the following Defendants and Relief Defendants, in the following approximate net amounts: Defendant DEBT Box \$9,000,000; Defendant Matthew Dillon Fritzsche \$32,000.

Attached hereto as Exhibit 6 is a detailed spreadsheet of the transactions described above.

17. With respect to the accounts associated with Relief Defendant Calmes & Co., I identified the following activity, among other things:

- The accounts associated with Calmes and Co. had a zero balance as of May 4, 2021;
- From May 2021 to April 2023, approximately \$3,000,000 was deposited. These funds were disposed of leaving an ending balance of approximately \$219,000 as of April 28, 2023.
- The accounts transferred or paid funds to the following Relief Defendant, in the following approximate net amount: Relief Defendant Calmfritz Holdings \$187,000.

Attached hereto as Exhibit 7 is a detailed spreadsheet of the transactions described above.

18. In addition to the payments identified above, I identified other payments to Defendants and Relief Defendants in the account records described in paragraph 7. In particular, my analysis of the account records to which I currently have access shows that the following Defendants and Relief Defendants received at least the following amounts that appear to be investor funds. Note that due to the emergency nature of this action, the following list of

payments is preliminary and includes only the limited amount of bank account information currently available to the Commission.

Defendant / Relief Defendant	Approximate Investor Funds Received
Digital Licensing Inc. (d/b/a DEBT Box)	\$13,000,000
Schad E. Brannon	\$60,500
Roydon B. Nelson	\$40,000
Western Oil Exploration Company, Inc.	\$290,000
iX Global, LLC	\$23,000,000
Joseph Anthony Martinez	\$3,100,000
Travis A. Flaherty	\$576,000
Matthew Dillon Fritzsche	\$32,000
Archer Drilling, LLC	\$1,610,000
Business Funding Solutions, LLC	\$11,960,000
Blox Lending, LLC	\$4,700,000
Calmfritz Holdings, LLC	\$12,700,000
Calmes & Co Inc.	\$300,000
Flaherty Enterprises, LLC	\$260,000
IX Ventures FZCO	\$1,350,000
Purdy Oil, LLC	\$2,670,000
The Gold Collective, LLC	\$3,980,000
UIU Holdings, LLC	\$200,000

19. Funds deposited in the above-described accounts were also used for apparent personal expenses, such as payments to luxury car dealerships, travel agencies, and to purchase houses. For example, the iX Global Bank of America accounts show withdrawals of over \$1 million for bills for an American Express credit card in the name of Joseph Martinez and in payments to “Custom Classic Auto,” and approximately \$30,000 in payments to “EXTREME SCENE ADVENTURES AND TOURS.” The bank account records for Relief Defendant Business Funding Solutions show at least \$150,000 in payments to the Ferrari of Salt Lake City car dealership; the bank account records for Relief Defendant Blox Lending show payments totaling over \$750,000 to the same dealership. In addition, bank records for Blox Lending show wire transfers of over \$2.7 million to title companies presumably associated with the purchase of real estate. Attached hereto as Exhibit 8 is a detailed spreadsheet of these transactions.

20. I also reviewed more recent bank account information for certain accounts, and found the following:

- a. Defendant iX Global's Bank of America accounts ending in xx8643, xx8630 and xx8656 were closed on June 30, 2023. Attached as Exhibit 9 is a true and correct copy of the closing cashier's checks.
- b. From July 1, 2023 to July 7, 2023, Defendant iX Global's Mountain America CU account ending in xx0736 shows continuing deposits and withdrawals. Attached as Exhibit 10 is a true and correct copy of those account transactions.
- c. From July 1, 2023 to July 6, 2023, Defendant Digital Licensing Inc.'s Mountain America CU account ending in xx2717 shows continuing withdrawals. Attached as Exhibit 11 is a true and correct copy of those account transactions.

I declare under penalty of perjury that the foregoing is true and correct.



Karaz S. Zaki

Executed in Silver Spring, Maryland on July 24, 2023.

Exhibit 1



6/5/2023

Re: Blox Lending LLC

Account Number: [REDACTED] 2519

**Requesting party: Mitchell Davidson – United States
Securities and Exchange Commission**

Documents enclosed: Membership Application;
Statements; Deposits; Official Check; Canceled Check;
Wire Transfers

Prepared by:

A handwritten signature in blue ink that reads 'Natalie Dalton'.

Natalie Dalton - Records Dept.
America First Federal Credit Union
PO Box 9199
Ogden, UT 84409
801-827-8598
ndalton@americafirst.com



CERTIFICATION OF FINANCIAL RECORDS REQUESTED

This certification is specific to financial records for: Blox Lending LLC

Account number: [REDACTED] 2519

I, Natalie Dalton, certify:

1. I am employed by America First Federal Credit Union as a Subpoena Officer. America First Credit Union is a federally chartered credit union headquartered in Riverdale, Utah, and has branch locations in Utah, Nevada, Arizona and Idaho. The primary business of America First Credit Union is to provide general credit union and financial services to individuals who qualify for membership. Such financial services include, without limitation, financial products, services and transactions.
2. As a Subpoena Officer with America First Credit Union, I am a duly authorized custodian of America First Credit Union's records. I am qualified to certify America First Credit Union's recordkeeping practices and systems.
3. I certify that the documents accompanying this certification are exact copies of financial records that were:
 - a. Made, as a regular business practice, at or near the time of the occurrence of the matters set forth therein, by or from information transmitted by a person with knowledge of those matters.
 - b. Kept in the course of regularly conducted business activity according to credit union policy.
 - c. Obtained by searching the credit union's official records.
4. I certify these duplicate copies are compliant with the subpoena described below in lieu of testifying in person.
Membership Application; Statements (3/1/2018/opening - 5/31/2023); Deposits; Official Check; Canceled Check; Wire Transfers

I declare under penalty of perjury that the foregoing is true and correct. Executed on June 5, 2023.


 Signature

Subscribed and sworn before me this 5 day of June, 2023.




 Notary Public

Bank of America Legal Order Processing
 Regarding reference number: D071023000078
 Court case name: IX GLOBAL
 Court case number: SL-02891
 Court or issuer: ENF-CPU U.S. SECURITIES
 AND EXCHANGE COMMISSION

DECLARATION OF BANK OF AMERICA BANK OFFICER AND/OR CUSTODIAN OF RECORDS

- 1.) Authority. I, Kacie Williams, am a duly authorized bank officer and/or custodian of the records of Bank of America N.A with authority to execute this declaration and certify to the authenticity and accuracy of the records produced with this declaration.
- 2.) Records. The records produced herewith by Bank of America, N.A. are original documents or are true copies of records of a regularly conducted banking activity that:
- a.) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
 - b.) Were made and kept in the course of regularly conducted banking activity by Bank of America, N.A. personnel or by persons acting under their control; and
 - c.) Were made and kept by the regularly conducted activity of Bank of America N.A. as a regular practice, on or about the time of the act, condition, or event recorded.

Additional Comments:

Account title	Account ending in	Document type	Timeframe
IX GLOBAL LLC	8643	Signature Card, Statement Pages, Wires	03/20023 - 06/2023

- 3.) Production.
☒ The records produced herewith (together with any banking records produced by Bank of America N.A. previously in response to the subject request, order, or subpoena) constitute a complete production of bank records responsive to the subject request order or subpoena (or a complete production under the terms of a subject request, order, subpoena as subsequently limited by the issuer).
- OR
- ☐ A thorough search has been conducted and no records could be located that are responsive to the subject request, order, or subpoena.

- 4.) I declare under penalty of perjury that the foregoing is true and correct.

Date:07/11/2023 _____

Signature: _____

Kacie

Williams

Digitally signed by
 Kacie Williams
 Date: 2023.07.11
 07:32:59 -04'00'

DECLARATION

Case No. : SL-02891

Debra S Allen, certifies and declares as follows:

1. I am over the age of 18 years and not a party to this action.
2. My business address is 7610 West Washington Street, Indianapolis, Indiana 46231.
3. I am a Transactions Specialist IV and Custodian of Records for JPMorgan Chase Bank, N.A. (hereinafter referred to as the "Bank") in the National Subpoena Processing Department located in Indianapolis, Indiana.
4. Based on my knowledge of the Bank's business records practices and procedures, the enclosed records are a true and correct copy of the original documents kept by the Bank in the ordinary course of business.
5. Based on my knowledge of the Bank's business records practices and procedures, the records were made at or near the time of the occurrence of the matters set forth in the records by, or from, information transmitted by a person with knowledge of those matters.
6. It is the regular practice of the Bank to make such a record of transactions in the ordinary course of business.

I declare under penalty of perjury, under the laws of the State of Indiana, that the foregoing is true and correct.

Dated: 05/23/2023

By: 

Debra S Allen
Transactions Specialist IV
JPMORGAN CHASE BANK, N.A.

SB1447524-F1

SUBP10a

DECLARATION

Case No. : SL02891

Debra S Allen, certifies and declares as follows:

1. I am over the age of 18 years and not a party to this action.
2. My business address is 7610 West Washington Street, Indianapolis, Indiana 46231.
3. I am a Transactions Specialist IV and Custodian of Records for JPMorgan Chase Bank, N.A. (hereinafter referred to as the "Bank") in the National Subpoena Processing Department located in Indianapolis, Indiana.
4. Based on my knowledge of the Bank's business records practices and procedures, the enclosed records are a true and correct copy of the original documents kept by the Bank in the ordinary course of business.
5. Based on my knowledge of the Bank's business records practices and procedures, the records were made at or near the time of the occurrence of the matters set forth in the records by, or from, information transmitted by a person with knowledge of those matters.
6. It is the regular practice of the Bank to make such a record of transactions in the ordinary course of business.

I declare under penalty of perjury, under the laws of the State of Indiana, that the foregoing is true and correct.

Dated: _____ 05/12/2023 _____

By: _____



Debra S Allen
Transactions Specialist IV
JPMORGAN CHASE BANK, N.A.

SB1440710-F1

SUBP10a

DECLARATION

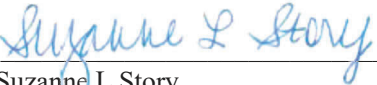
Case No. : SL02891A

Suzanne L. Story, certifies and declares as follows:

1. I am over the age of 18 years and not a party to this action.
2. My business address is 7610 West Washington Street, Indianapolis, Indiana 46231.
3. I am a Transactions Specialist IV and Custodian of Records for JPMorgan Chase Bank, N.A. (hereinafter referred to as the "Bank") in the National Subpoena Processing Department located in Indianapolis, Indiana.
4. Based on my knowledge of the Bank's business records practices and procedures, the enclosed records are a true and correct copy of the original documents kept by the Bank in the ordinary course of business.
5. Based on my knowledge of the Bank's business records practices and procedures, the records were made at or near the time of the occurrence of the matters set forth in the records by, or from, information transmitted by a person with knowledge of those matters.
6. It is the regular practice of the Bank to make such a record of transactions in the ordinary course of business.

I declare under penalty of perjury, under the laws of the State of Indiana, that the foregoing is true and correct.

Dated: 4/04/2023

By: 
Suzanne L Story
Transactions Specialist IV
JPMORGAN CHASE BANK, N.A.

SB1428404-F1

SUBP10a

DECLARATION

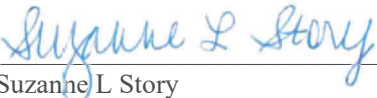
Case No. : SL02891A

Suzanne L. Story, certifies and declares as follows:

1. I am over the age of 18 years and not a party to this action.
2. My business address is 7610 West Washington Street, Indianapolis, Indiana 46231.
3. I am a Transactions Specialist IV and Custodian of Records for JPMorgan Chase Bank, N.A. (hereinafter referred to as the "Bank") in the National Subpoena Processing Department located in Indianapolis, Indiana.
4. Based on my knowledge of the Bank's business records practices and procedures, the enclosed records are a true and correct copy of the original documents kept by the Bank in the ordinary course of business.
5. Based on my knowledge of the Bank's business records practices and procedures, the records were made at or near the time of the occurrence of the matters set forth in the records by, or from, information transmitted by a person with knowledge of those matters.
6. It is the regular practice of the Bank to make such a record of transactions in the ordinary course of business.

I declare under penalty of perjury, under the laws of the State of Indiana, that the foregoing is true and correct.

Dated: 3/31/2023

By: 
Suzanne L. Story
Transactions Specialist IV
JPMORGAN CHASE BANK, N.A.

SB1428404-F1

SUBP10a



9800 South Monroe Street
Legal Department
Sandy, Utah 84070

Case: SL-02891

Subject(s): Digital Licensing Inc, IX Global

Description of Records Provided: Signature Cards, Statements, July History to Date, Wires, IP Log and Business ACH Online Log

CERTIFICATE OF AUTHENTICITY OF BUSINESS RECORDS

State of: UTAH

County of: SALT LAKE CITY

I, Ashley Milano, am employed by/associated with Mountain America Federal Credit Union. My official title is Legal Operations Specialist. By reason of my position as a custodian of records, I am familiar with how Mountain America Federal Credit Union generates its records using its processing systems and maintains records relating to its regularly conducted business activity, and I am authorized and qualified to make this declaration.

I further certify that the attached records are originals or true copies of records which:

- A. Were made at or near the time of the occurrence of the matters set forth in the records by a person with knowledge of those matters, or from information transmitted by a person with knowledge of those matters;
- B. Were kept in the course of regularly conducted business activity;
- C. Were made by the said business activity as a regular practice;
- D. If not original records, are duplicates of original records.

I declare under penalty of criminal punishment for perjury and false statement that the foregoing is true and correct.

Executed on 07/12/2023

A handwritten signature in black ink that reads "Ashley Milano". The signature is written in a cursive, flowing style.

Ashley Milano

Custodian of Records



9800 South Monroe Street
Legal Department
Sandy, Utah 84070

Case: Digital Licensing, Inc SL-02891
Subject(s): Digital Licensing, Inc
Description of Records Provided:

CERTIFICATE OF AUTHENTICITY OF BUSINESS RECORDS

State of: UTAH

County of: SALT LAKE CITY

I, Andrea Sanchez, am employed by/associated with Mountain America Federal Credit Union. My official title is Legal Operations Specialist. By reason of my position as a custodian of records, I am familiar with how Mountain America Federal Credit Union generates its records using its processing systems and maintains records relating to its regularly conducted business activity, and I am authorized and qualified to make this declaration.

I further certify that the attached records are originals or true copies of records which:

- A. Were made at or near the time of the occurrence of the matters set forth in the records by a person with knowledge of those matters, or from information transmitted by a person with knowledge of those matters;
- B. Were kept in the course of regularly conducted business activity;
- C. Were made by the said business activity as a regular practice;
- D. If not original records, are duplicates of original records.

I declare under penalty of criminal punishment for perjury and false statement that the foregoing is true and correct.

Executed on 05/31/2023

A handwritten signature in black ink, appearing to read "Andrea Sanchez", is written over a faint, circular, light-gray watermark or background pattern.

Andrea Sanchez

Custodian of Records



9800 South Monroe Street
Legal Department
Sandy, Utah 84070

Case: SL-02891

Subject(s): IX Global

Description of Records Provided: Account Statements, Signature Cards, Transaction Receipts, Wire (incoming and outgoing), Email Correspondence

CERTIFICATE OF AUTHENTICITY OF BUSINESS RECORDS

State of: UTAH

County of: SALT LAKE CITY

I, Wendy Memmott, am employed by/associated with Mountain America Federal Credit Union. My official title is Legal Operations Specialist. By reason of my position as a custodian of records, I am familiar with how Mountain America Federal Credit Union generates its records using its processing systems and maintains records relating to its regularly conducted business activity, and I am authorized and qualified to make this declaration.

I further certify that the attached records are originals or true copies of records which:

- A. Were made at or near the time of the occurrence of the matters set forth in the records by a person with knowledge of those matters, or from information transmitted by a person with knowledge of those matters;
- B. Were kept in the course of regularly conducted business activity;
- C. Were made by the said business activity as a regular practice;
- D. If not original records, are duplicates of original records.

I declare under penalty of criminal punishment for perjury and false statement that the foregoing is true and correct.

Executed on 05/22/2023

A handwritten signature in black ink that reads "Wendymemmott". The signature is written in a cursive, flowing style.

Wendy Memmott

Custodian of Records

**DECLARATION OF [Insert Name] CERTIFYING RECORDS
OF REGULARLY CONDUCTED BUSINESS ACTIVITY**

I, the undersigned, [insert name] Duyen Le, pursuant to 28 U.S.C. § 1746, declare that:

1. I am employed by Utah First Federal Credit Union as [insert position] Operations Specialist and by reason of my position am authorized and qualified to make this declaration. [if possible supply additional information as to how person is qualified to make declaration, e.g., I am custodian of records, I am familiar with the company's recordkeeping practices or systems, etc.]

I'm familiar with the company's recordkeeping practice.

2. I further certify that the documents [circle one] attached hereto or submitted herewith and stamped [insert bates range, if applicable] Apr. 12th, 2023 to July 18th, 2023 are true copies of records that were:

(a) made at or near the time of the occurrence of the matters set forth therein, by, or from information transmitted by, a person with knowledge of those matters;

(b) kept in the course of regularly conducted business activity; and

(c) made by the regularly conducted business activity as a regular practice.

I declare under penalty of perjury that the foregoing is true and correct. Executed on [date] 7/11/2023.

Duyen Le Duyen Le
[Name]

**DECLARATION OF [Insert Name] CERTIFYING RECORDS
OF REGULARLY CONDUCTED BUSINESS ACTIVITY**

I, the undersigned, [insert name] Duyen Le, pursuant to 28 U.S.C. § 1746, declare that:

1. I am employed by Utah First Federal Credit Union as [insert position]

Payment Solutions Specialist and by reason of my position am authorized and qualified to make this declaration. [if possible supply additional information as to how person is qualified to make declaration, e.g., I am custodian of records, I am familiar with the company's recordkeeping practices or systems, etc.]

I am familiar with Utah First Credit Union record keeping practice.

2. I further certify that the documents [circle one] attached hereto or (submitted herewith) and stamped [insert bates range, if applicable] 2018 - Current (5-4-2023) are true copies of records that were:

(a) made at or near the time of the occurrence of the matters set forth therein, by, or from information transmitted by, a person with knowledge of those matters;

(b) kept in the course of regularly conducted business activity; and

(c) made by the regularly conducted business activity as a regular practice.

I declare under penalty of perjury that the foregoing is true and correct. Executed on [date] 5-4-2023.

Duyen Le Duyen Le
[Name]

CERTIFICATION OF CUSTODIAN OF RECORDS

[illegible]

I, Rachel Irvin, declare and state as follows:

1. I am the Legal Records Coordinator of U.S. Bank National Association, a corporation duly organized and existing under the laws of the United States, with offices at 800 Nicollet Mall, Minneapolis, Minnesota 55402, and as such have been designated as the Custodian of Records for the purpose of responding to the attached Subpoena Duces Tecum.

2. The documents delivered with this Certification in response to the Subpoena Duces Tecum represent true and correct copies of documents which are in our files. These records were prepared in the ordinary course of business at or near the time of the act, condition or event.

3. The documents delivered together with this Certification represent a complete response to the Subpoena Duces Tecum as of this date. A reasonable search has been performed to locate all documents which fall within the purview of the Subpoena Duces Tecum, and I am not aware of the existence of any further documents which would fall within the boundaries of the Subpoena Duces Tecum.

DATED this 1st day of May 2023.

/s/ Rachel Irvin
Custodian of Records

STATE OF UTAH)

: ss.

COUNTY OF SALT LAKE)

AFFIDAVIT OF CUSTODIAN OF RECORD

CASE NAME: Digital Licensing, LLC et al

CASE NO: SL-02891-A

COMES NOW, Kevin Mwangi, who does swear and affirm the following:

I am a duly authorized custodian of the records for Zions Bancorporation, N.A. dba Zions First National Bank and as such have access to the records and data maintained by this division in the regular course of its business.

I hereby certify that it is a regular practice of the above-described entity to make and keep records of the acts, events, conditions, and opinions of such entity in the ordinary course of its business.

I hereby certify that the attached documents are true and correct copies of all records described in the legal order that are in my possession or control as a custodian of such records.

I further certify that the original records, from which the attached documents were copied, were made by the personnel of the above-described entity at or near the time of the original business transactions by, or from information transmitted by, a person with knowledge of those matters. Such documents are made in the ordinary course of business at said entity and are regularly kept in order to record the acts, events, conditions, or opinions of said business entity in the course of its regular business practice.

I hereby declare under penalty of perjury under the laws of the State of Utah that the foregoing is true and correct.



AFFIANT

SUBSCRIBED AND SWORN to before me on July 10, 2023 by Kevin Mwangi



Notary Public Trisha Holmes

Commission No. 714922

Notary Public

State of Utah

My commission expires 11/4/2024

My commission expires 11/4/2024

STATE OF UTAH)

ss.

COUNTY OF SALT LAKE)

AFFIDAVIT OF CUSTODIAN OF RECORD

CASE NAME: In the Matter of Digital Licensing, LLC

CASE NO: SL-02891-A

COMES NOW, Kevin Mwangi, who does swear and affirm the following:

I am a duly authorized custodian of the records for Zions Bancorporation, N.A. dba Zions First National Bank and as such have access to the records and data maintained by this division in the regular course of its business.

I hereby certify that it is a regular practice of the above-described entity to make and keep records of the acts, events, conditions, and opinions of such entity in the ordinary course of its business.

I hereby certify that the attached documents are true and correct copies of all records described in the legal order that are in my possession or control as a custodian of such records.

I further certify that the original records, from which the attached documents were copied, were made by the personnel of the above-described entity at or near the time of the original business transactions by, or from information transmitted by, a person with knowledge of those matters. Such documents are made in the ordinary course of business at said entity and are regularly kept in order to record the acts, events, conditions, or opinions of said business entity in the course of its regular business practice.

I hereby declare under penalty of perjury under the laws of the State of Utah that the foregoing is true and correct.



AFFIANT

SUBSCRIBED AND SWORN to before me on March 17, 2023 by Kevin Mwangi



Notary Public Trisha Holmes

Commission No. 714922

Notary Public

State of Utah

My commission expires 11/4/2024

Exhibit 2

**BUSINESS ACCOUNT APPLICATION AND ACCOUNT CARD**Date 12/7/2022Account Number [REDACTED] 2511**ACCOUNT DESIGNATION INFORMATION****Select One of the Following**☒ New Account☐ Designation of New Officers

NAICS Code _____

☐ Change of Name☐ Other _____
_____**Select an Entity Type**☐ Sole Proprietorship (DBA Registrations)☐ Corporation (Certified Articles of Incorporation)☒ LLC (Articles/Certificate of Organization)☐ Partnership (Partnership Agreement)☐ Association of Members (Clubs, Troops, Leagues, etc.)☐ Other _____
_____What is the primary purpose or function of this business? HARD MONEY LENDING - PERSONAL FUNDS TO family and friends**MEMBER BUSINESS ACCOUNT INFORMATION**Business Name BLOX LENDING LLC[REDACTED]
SSN/TIN(801) 560-0526
Business Phone[REDACTED]
E-mailPhysical (Street) Address of Business 13894 S BANGERTE PARKWAY SUITE 200City DRAPER State UT ZIP 84020Mailing Address of Business
(If different than physical address)

City _____ State _____ ZIP _____

ELIGIBILITY INFORMATION☒ The Business is Located within America First Credit Union's Field of Membership (see address above)☐ Each owner qualifies for membership under the Field of Membership (document eligibility in the **Responsible Individual Information** section)**THE UNDERSIGNED CERTIFY THAT THE BUSINESS IS ONE OF THE FOLLOWING: (1) LOCATED WITHIN THE CREDIT UNION'S FIELD OF MEMBERSHIP OR (2) ALL BUSINESS OWNERS OR ALL MEMBERS OF THE ORGANIZATION ARE ELIGIBLE FOR MEMBERSHIP.**

Account Number 2519**RESPONSIBLE INDIVIDUAL INFORMATION (OWNERS, OFFICERS, DIRECTORS, TRUSTEES, etc.)**

1	JASON RICHARD ANDERSON	MEMBER		
	Responsible Individual's Legal Name	Title/Position		
	SSN <u> </u>	Date of Birth <u> </u>		
	Phone <u> </u>	Cell <u> </u>	E-mail <u> </u>	
	<u> </u>	DRAPER	UT	<u> </u>
	Street Address	City	State	ZIP
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Mailing Address (if different than street address)	City	State	ZIP
	Document Field of Membership Eligibility (Qualifying Name, Address, Account or Other) <u> </u>			
	Existing member of America First Federal Credit Union. Qualifying Primary Account Number <u> </u> 4066			

2				
	Responsible Individual's Legal Name	Title/Position		
	SSN <u> </u>	Date of Birth <u> </u>		
	Phone <u> </u>	Cell <u> </u>	E-mail <u> </u>	
	<u> </u>			
	Street Address	City	State	ZIP
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Mailing Address (if different than street address)	City	State	ZIP
	Document Field of Membership Eligibility (Qualifying Name, Address, Account or Other) <u> </u>			

3				
	Responsible Individual's Legal Name	Title/Position		
	SSN <u> </u>	Date of Birth <u> </u>		
	Phone <u> </u>	Cell <u> </u>	E-mail <u> </u>	
	<u> </u>			
	Street Address	City	State	ZIP
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Mailing Address (if different than street address)	City	State	ZIP
	Document Field of Membership Eligibility (Qualifying Name, Address, Account or Other) <u> </u>			

4				
	Responsible Individual's Legal Name	Title/Position		
	SSN <u> </u>	Date of Birth <u> </u>		
	Phone <u> </u>	Cell <u> </u>	E-mail <u> </u>	
	<u> </u>			
	Street Address	City	State	ZIP
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Mailing Address (if different than street address)	City	State	ZIP
	Document Field of Membership Eligibility (Qualifying Name, Address, Account or Other) <u> </u>			

Account Number [REDACTED] 2519**RESPONSIBLE INDIVIDUAL INFORMATION (OWNERS, OFFICERS, DIRECTORS, TRUSTEES, etc.)**

5	Responsible Individual's Legal Name		Title/Position	
	SSN		Date of Birth	
	Phone	Cell	E-mail	
	Street Address	City	State	ZIP
	Mailing Address (if different than street address)		City	State ZIP
	Document Field of Membership Eligibility (Qualifying Name, Address, Account or Other)			
6	Responsible Individual's Legal Name		Title/Position	
	SSN		Date of Birth	
	Phone	Cell	E-mail	
	Street Address	City	State	ZIP
	Mailing Address (if different than street address)		City	State ZIP
	Document Field of Membership Eligibility (Qualifying Name, Address, Account or Other)			
7	Responsible Individual's Legal Name		Title/Position	
	SSN		Date of Birth	
	Phone	Cell	E-mail	
	Street Address	City	State	ZIP
	Mailing Address (if different than street address)		City	State ZIP
	Document Field of Membership Eligibility (Qualifying Name, Address, Account or Other)			
8	Responsible Individual's Legal Name		Title/Position	
	SSN		Date of Birth	
	Phone	Cell	E-mail	
	Street Address	City	State	ZIP
	Mailing Address (if different than street address)		City	State ZIP
	Document Field of Membership Eligibility (Qualifying Name, Address, Account or Other)			

Account Number [REDACTED] 2519**AUTHORIZED SIGNERS**

Any of the persons named below are authorized to issue Payment Orders in the name of the account holder to be paid from this account. These Authorized Persons are granted the authority to perform any act which they deem advisable for the effective exercise of their power to issue Payment Orders. This Authorization remains effective until we receive and have reasonable opportunity to act on any written notice of revocation of authority. **IF YOU DO NOT WISH TO DESIGNATE AUTHORIZED PERSONS, LEAVE THIS SECTION BLANK.**

Authorized Person's Legal Name _____	Title/Position _____
DOB _____ SSN/ITIN _____	Phone _____ Cell _____
Street Address _____	
Signature X _____	ID (Issuer/Type/No./Expires) _____
Authorized Person's Legal Name _____	Title/Position _____
DOB _____ SSN/ITIN _____	Phone _____ Cell _____
Street Address _____	
Signature X _____	ID (Issuer/Type/No./Expires) _____
Authorized Person's Legal Name _____	Title/Position _____
DOB _____ SSN/ITIN _____	Phone _____ Cell _____
Street Address _____	
Signature X _____	ID (Issuer/Type/No./Expires) _____
Authorized Person's Legal Name _____	Title/Position _____
DOB _____ SSN/ITIN _____	Phone _____ Cell _____
Street Address _____	
Signature X _____	ID (Issuer/Type/No./Expires) _____

ALL RESPONSIBLE INDIVIDUALS MUST SIGN TO ADD AUTHORIZED SIGNERS. ANY ONE RESPONSIBLE INDIVIDUAL MAY SIGN TO REMOVE AUTHORIZED SIGNERS.

SECURITY PROCEDURES

The following Security Procedures are offered by America First Credit Union to verify all Payment Orders not received in person. We will follow the Security Procedure you select below (select only one):

☐ **CALL BACK** – When we receive your Payment Orders, we will verify the orders by calling any of the persons listed below at the numbers you provide.

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

☐ **SECURITY QUESTIONS** – When we receive your Payment Orders, we will verify the Authorized Person by asking questions not readily known to anyone but the Authorized Person. In order select this procedure, you must provide dates of birth and social security numbers for the Authorized Persons listed above.

☒ **DECLINES SECURITY PROCEDURES**

In addition to any security procedure you select, we reserve the right to perform additional security measures we may deem necessary to address any risk associated with individual payment orders. We reserve this right to perform additional security measures even if we have not done so in the past for similar payments orders.

AUTHORIZATION

Definitions: In this Authorization, the words "you", "your", and "yours" mean the Account Owner that signs this Authorization. The word "account" means any account or accounts designated on this Authorization. The terms used in the Authorization have the meaning given to them in Article 4A of the Uniform Commercial Code.

Account Owner Liability: You agree to be bound by any Payment Order, whether or not authorized, issued in your name accepted by us in compliance with the Security Procedures chosen by you in this Authorization. The Authorization may not be changed by an oral authorization or by a course of dealing or custom.

Security Procedures: We will follow the Security Procedures identified in this Authorization. You agree that these procedures are commercially reasonable methods of verifying Payment Orders and other electronic funds transfers.

Uniform Commercial Code Article 4A: Any electronic funds transfers that we permit that are subject to Article 4A of the Uniform Commercial Code will be subject to the provisions of this Authorization and the provisions of the Uniform Commercial Code.

Notice: Notice to any Account Owner is considered notice to all Account Owners

Authorization to Accept Payment Orders: You authorize America First Credit Union to accept Payment Order requests from time to time in the manner authorized above in amounts to be specified in each request.

Payment Orders: Payment Orders include, but are not limited to, wire transfers, checks drawn on the account, ACH debits and credits, account transfers and cash and check withdrawals. Any of the above-named Persons are authorized to request Payment Orders in the name of the account owner to be paid from the authorized account identified above.

These Authorized Persons are granted the authority to perform any act which they deem advisable for the effective exercise of their power to issue Payment Orders. This Authorization remains effective until we receive and have reasonable opportunity to act on any written notice or revocation of authority. This is not the document that authorizes a Payment Order or other electronic funds transfers. We may require you to complete a separate document at the time of each payment order.

Account Number [REDACTED] 2519**BUSINESS ACCOUNT APPLICATION AND ACCOUNT CARD**

1. MEMBER BUSINESS/ACCOUNT OWNER. The Member Business/Account Owner name in this document is the complete and correct name of the Member Business. If applicable, all registered assumed names under which the Member Business does business are noted. Each corporate officer, partner, member or trustee (as applicable) warrants that the Member Business has been duly formed and currently exists. The Member Business is solely responsible for conducting any background check on persons they designate to represent and act on their behalf, and they agree to indemnify and hold America First Credit Union harmless from the actions of Member Business agents and representatives.

2. AUTHORIZED PARTIES. The persons named as Responsible Individuals on this Business Account Application and Account Card are authorized to act on behalf of the Member Business with respect to accounts based upon the designated authority and Certificate of Authority set forth below.

- a. **Responsible Individuals** are vested with full authority to open and close accounts on behalf of the Member Business, add and remove Authorized Signers on behalf of the Member Business and transact any business of any nature on such accounts.
- b. **Authorized Signers** are vested with limited authority to transact any business on such accounts including the following, but may not make changes on or to the accounts:
 - Depositing, withdrawing and transferring funds into, out of, and between one or more accounts;
 - Signing drafts, checks and other orders for payment or withdrawal;
 - Issuing instructions regarding order for payment or withdrawal;
 - Endorsing any check, draft, share certificate and other instrument or order for payment owned or held by the Member Business;
 - Initiating ACH Transactions and Bank Wires; and
 - Receiving information of any nature about the account

3. CERTIFICATE OF AUTHORITY

- a. The Member Business and each Responsible Individual named on this Business Account Application and Account Card certifies and agrees that the Member Business accounts and services will be governed by the terms set forth in the Business Membership and Account Agreement and Business Account Application and Account Card, and the Rate and Fee Schedule as amended from time to time.
- b. America First Credit Union is directed to accept and pay without further inquiry, any item bearing the signature as indicated on the Business Account Application and Account Card drawn against any of the Member Business accounts. Any one Responsible Individual or Authorized Signer is expressly authorized to endorse all items payable to or owned by the Member Business for deposit with or collection by America First Credit Union and to perform any other transaction permitted under the Agreement.
- c. The authority given to the Authorized Parties named on the Business Account Application and Account Card shall remain in full force until written notice of revocation or a new Business Account Application and Account Card is delivered to and received by America First Credit Union. Any such notice shall not affect any items in process at the time notice is given. The Member Business shall notify America First Credit Union of any change in the Member Business composition, assumed business names, or any aspect of the entity affecting the deposit relationship between the Member Business and America First Credit Union.
- d. The Member Business and each Authorized Party signing the Business Account Application and Account Card agree to indemnify and hold harmless America First Credit Union.
- e. America First Credit Union shall have no duty to inquire as to the powers and duties of any Authorized Party and shall have no notice of any breach of fiduciary duties by any Authorized Party unless America First Credit Union has actual notice of wrongdoing.

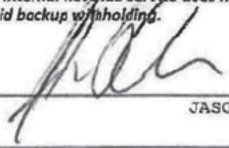
4. LIABILITY. The Member Business agrees that America First Credit Union shall not be liable for any losses due to the Member Business failure to notify the Credit Union of such changes. The Member Business and each Authorized Party signing the Business Account Application and Account Card agree to indemnify and hold America First Credit Union harmless of any claim or liability as a result of unauthorized acts of any Authorized Party or former Authorized Party upon which America First Credit Union relies prior to notice of any account change or change of Member Business.

BACKUP WITHHOLDING AND TIN CERTIFICATION: By signing below, each Member Business Account Owner certifies, under penalties of perjury, that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security Number (SSN)/Tax Payer Identification Number (TIN) shown is my/the correct identification number and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. This account is maintained in the US; therefore, FATCA reporting is not applicable.

☐ I am subject to backup withholding ☐ I am not a US Citizen or resident (Complete W-8 BEN) ☐ Exempt - Payee Code _____

SIGNATURES. By signing below, each Member Business Account Owner agrees to all terms contained in this Business Application and Account Card and agree the Member Business Account will be governed by the terms and conditions set forth in the Business Membership and Account Agreement, Funds Availability Policy, Privacy Policy, Electronic Funds Transfer Agreement and Rate and Fee Schedule and to any amendment the Credit Union makes from time to time which are incorporated herein. Each Member Business Account Owner acknowledges receipt and copy of the Agreement and Disclosures applicable to the accounts and services requested herein.

The Internal Revenue Service does not require you to consent to any provision of this Business Account Application and Account Card other than the certifications required to avoid backup withholding.

X 	ID (Issuer/Type/No./Expires) UT/DRIVERS LICENSE/ [REDACTED]
X _____	ID (Issuer/Type/No./Expires) _____
X _____	ID (Issuer/Type/No./Expires) _____
X _____	ID (Issuer/Type/No./Expires) _____
X _____	ID (Issuer/Type/No./Expires) _____
X _____	ID (Issuer/Type/No./Expires) _____
X _____	ID (Issuer/Type/No./Expires) _____
X _____	ID (Issuer/Type/No./Expires) _____

Account Number 2519 **CERTIFICATION OF BUSINESS OWNERS**

REQUIRED FEDERAL CERTIFICATION. (The person opening a new account for a legal entity with America First Federal Credit Union must complete this certification pursuant to federal law). To help the government fight financial crime, federal law requires the Credit Union to obtain, verify and record information about the beneficial owners of legal entity members who own 25% or more of the legal entity. Legal entities can be abused to conceal involvement in terrorist financing, money laundering, tax evasion, corruption, fraud and other financial crimes. Requiring the disclosure of key individuals who ultimately own or control a legal entity (beneficial owners) helps law enforcement investigate and prosecute these types of crimes.

Check one: ☒ New Account ☐ Existing Account Update**MEMBER INFORMATION**Date 12/07/2022Business Account Number 2519 Name of Legal Entity for Which the Account is Being Opened BLOX LENDING LLC**RESPONSIBLE INDIVIDUAL INFORMATION**Responsible Individual's Legal Name JASON RICHARD ANDERSON Title Position MEMBERStreet Address , DRAPER, UT 100

% Ownership

SSN/TIN

Date of Birth

DRIVERS LICENSE, UT,

ID (Type, Issuer, Number, Expiration)

BENEFICIAL OWNER(S) INFORMATION☐ For Additional Accounts, previous information on file & current1 Owner's Legal Name JASON RICHARD ANDERSON Title Position MEMBERStreet Address , DRAPER, UT 100

% Ownership

SSN/TIN

Date of Birth

DRIVERS LICENSE, UT,

ID (Type, Issuer, Number, Expiration)

Present ☒ Copy ☐2 Owner's Legal Name Title Position Street Address

% Ownership

SSN/TIN

Date of Birth

ID (Type, Issuer, Number, Expiration)

Present ☐ Copy ☐3 Owner's Legal Name Title Position Street Address

% Ownership

SSN/TIN

Date of Birth

ID (Type, Issuer, Number, Expiration)

Present ☐ Copy ☐4 Owner's Legal Name Title Position Street Address

% Ownership

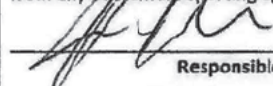
SSN/TIN

Date of Birth

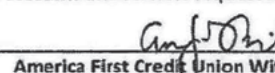
ID (Type, Issuer, Number, Expiration)

Present ☐ Copy ☐**CERTIFICATION**

The Responsible Individual listed above certifies that all information regarding the Member, Responsible Individual and Beneficial Owners set forth above is true and complete and current as of the date above. Responsible individual agrees to notify America First Credit Union of any changes in the information. America First Federal Credit Union is authorized to obtain a credit report of the Member, Responsible Individual and Beneficial Owners from any consumer reporting agency to support the Member's eligibility for the accounts and services requested.



Responsible Individual's Signature



America First Credit Union Witness Signature/Employee Number

3995**SIGNATURES MUST BE NOTARIZED IF NOT WITNESSED BY AN AUTHORIZED AMERICA FIRST CREDIT UNION EMPLOYEE**

CREDIT UNION USE ONLY

Account Number 2519Received by Aaron Goodrich Employee Number 3995 Approved? ☒ Yes ☐ NoApproved/Denied by Aaron Goodrich Branch Number 0112QC by Amort Employee Number 3995

Business	OFAC <input checked="" type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Responsible Individual 1	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	FICO <u>N/A</u>
Responsible Individual 2	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	FICO <u>N/A</u>
Responsible Individual 3	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	FICO <u>N/A</u>
Responsible Individual 4	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	FICO <u>N/A</u>
Responsible Individual 5	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	FICO <u>N/A</u>
Responsible Individual 6	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	FICO <u>N/A</u>
Responsible Individual 7	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	FICO <u>N/A</u>
Responsible Individual 8	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	FICO <u>N/A</u>
Beneficial Owner 1	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Beneficial Owner 2	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Beneficial Owner 3	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Beneficial Owner 4	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Authorized Signer 1	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Authorized Signer 2	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Authorized Signer 3	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Authorized Signed 4	OFAC <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	

ADDITIONAL COMMENTS

Business does hard money lending of own personal funds for real estate. Processing about 12 transactions a year. Does not conduct any property management.

JASON PRIMARY ACCT, OFAC, CBR NOT REQ

FACT ACT INFORMATION

OFAC for Jason from Current primary account holder.

Account Number [REDACTED] 2519**BUSINESS ACCOUNT QUESTIONNAIRE**Business Name BLOX LENDING LLCDate 12/07/2022

1	INTERNATIONAL TRANSACTIONS	
	Is this business incorporated outside the United States?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Does this business buy, sell products or services in countries or territories outside the United States?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Will this business send or receive international wires as part of its normal banking activity?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	OTHER TRANSACTIONS	
	Will this business expect to deposit cash/coin in amounts greater than \$8,000 at one time? If yes, how many times per month? _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Will this business send or receive wires within the United States as part of its normal banking activity?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Will this business purchase cashier's checks or money orders on a regular basis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Will this business engage in recurring ACH transactions (incoming and/or outgoing)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Will this business use the night drop on a regular basis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	SERVICES	
	Will this business physically cash checks for its customers? If yes, what would be the maximum number of checks per day? _____ Maximum dollar amount per check cashed? \$ _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Will your business be processing transactions on behalf of another individual or business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Will this business offer or sell any of the following services/products?	
	Wire Transfers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Fund Transfers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Money Orders	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Travelers Checks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Stored Value Cards	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Other monetary instruments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Does this business engage in internet gambling?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Will this business be registered as a Money Service Business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Will this business include the retail sale, creation, marketing or testing of marijuana or marijuana-related products (Hemp, CBD, CBD Oils)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Is this an Adult Entertainment Business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Is this a Property Management Business? (If the answer is yes, the Responsible Individual must complete form #80).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Account Number 22519**BUSINESS ACCOUNT ENROLLMENT**Business Name BLOX LENDING LLC

NON-PROFIT BUSINESS ACCOUNT For Associations and Non-Profit Corporations	BASIC BUSINESS ACCOUNT (Free)	PREMIER BUSINESS ACCOUNT (Monthly Fee: \$8.00)	HIGH-YIELD BUSINESS ACCOUNT (Monthly Fee: \$50.00)
250 Free Items \$.15 per Deposit \$.15 per Deposited Check \$.15 per Written Check ** Transaction Fees only apply after the first 250 items	250 Free Items \$.15 per Deposit \$.15 per Deposited Check \$.15 per Written Check ** Transaction Fees only apply after the first 250 items	Itemized Transaction Fees \$.15 per Deposit \$.05 per Deposited Check \$.15 per Written Check ** Transaction Fees are offset by Earnings Credit	Itemized Transaction Fees \$.15 per Deposit \$.05 per Deposited Check \$.15 per Written Check ** Earns High-Yield interest rate on Checking

The undersigned elects to enroll in one of the following Business Account types:

- ☐ Non-Profit Business Account (for Associations and Non-Profit Corporations)
☒ Basic Business Account (Free)
☐ Premier Business Account (\$8.00)
☐ High-Yield Business Account (\$50.00)

E-SIGN CONSENT NOTICE ONLINE STATEMENT

☒ By checking this box, you consent to receive your Periodic Statements, Annual Notice of Billing Error Rights, Privacy Notice, Annual Electronic Funds Transfer Notice and IRS 1098, 1099 and 5498 Notices electronically. Your consent to electronic documents applies to all your deposit accounts. You may access your statements as PDF documents through the Online Banking system or through Mobile Banking, which requires a web browser through your mobile device. You must have Adobe Acrobat Reader™ software to access the statements and a printer or ability to download the statements for your records. The statements for the new month will be available on the 5th of each month. You have the right to request and receive periodic statements in paper form at any time or you may withdraw your consent for online statements by contacting any branch, by calling 1-800-999-3961 or by emailing support@americafirst.com. There are no fees or account restrictions for choosing to withdraw your consent for online statements or to request a paper statement. You understand that you will also be required to log in to Online Banking (or Mobile Banking under the requirements above) to confirm your consent and ability to access online statements.

AUTHORIZATION FOR PHONE/TEXT COMMUNICATION

☒ By checking this box, I expressly consent and authorize America First Credit Union and its representatives to contact me by email, telephone (including cell phone), text message, or automated dialing communications at any number I provide the Credit Union for my accounts or services, now or in the future for purposes of assisting with my accounts, services and to prevent fraud on my account. I understand I may revoke my consent at any time by providing the Credit Union notice of my revocation.

Responsible Individual Signature


Date 12/7/2022



**Business Resolution or Authorization for
Opening and Maintaining Banking
Relationship**

Name of Business BLOX LENDING LLC

Account Number 1004

State where Organized/Registered/Principal Place of Business NV

TIN

Business Type:

☐ Sole Proprietor

☐ Corporation

☒ Limited Liability Company

☐ Partnership

☐ Unincorporated Association

☐ Other

1. Resolved, that (the "Bank") is hereby designated as a depository of the Business and that deposit accounts and/or time deposits (CDs) be opened and maintained in the name of this Business with the Bank in accordance with the terms of the Bank's Deposit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any one of the following authorized representatives, officers, employees, partners, members, managers, as applicable ("Authorized Person"):

Name JASON RICHARD ANDERSON

Title/Status Managing Member

Name _____ Title/Status _____

Name _____ Title/Status _____

Name _____ Title/Status _____

is hereby authorized, on behalf of this Business and in its name, to execute and to sign any application, deposit agreement-related, signature card and any other documentation required by the Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Business for deposit with Bank or for collection or discount by the Bank; to accept drafts, acceptances, and other instruments payable at the Bank; to place orders with the Bank for the purchase and sale of foreign currencies on behalf of this Business; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Business; to obtain an access device (including but not limited to a card, code, or other means of access to the Business's accounts) that may be used for the purpose of initiating electronic fund transfers [Business agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device]; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time, such persons who may request wires of funds; to enter into any agreements with the Bank for the provision by the Bank of various Treasury Management services to this Business as such Authorized Person may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Business's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by the Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from the Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter into whatever other agreements relating to the accounts or investment of funds in such accounts with the Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Business upon such terms and conditions as such Authorized Person may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the Authorized Person deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Business; and

2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for another instrument all instruments signed in accordance with the foregoing Resolution or Authorization, as applicable, even though such payment may create an overdraft or even though such instruments may be drawn, signed or endorsed to the order of any Authorized Person signing the same or tendered by such Authorized Person or a third party for exchange or cashing, or in payment of the individual obligation of such Authorized Person, or for deposit to such Authorized Person personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing Resolution or Authorization, as applicable, or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an Authorized Person; and

3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Business's name, including those payable to the individual order of any person

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Page 1 of 3

Account Number: [REDACTED] 1004

whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an Authorized Person authorized in the foregoing Resolution or Authorization, as applicable and Bank shall be entitled to honor, to treat as authorized, and to charge this Business for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the appropriate Authorized Person or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Business's name, which check, draft, or other order was accepted and paid without timely objection by the Business, thereby ratifying the use of such facsimile signature; and the Business hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

4. Further Resolved, that endorsements for deposit may be evidenced by the name of the Business being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and the Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and

5. Further Resolved, that the appropriate Authorized Person of this Business shall certify to the Bank names and signatures of persons authorized to act on behalf of this Business under the foregoing Resolution or Authorization, as applicable, and in the event a change occurs in the identity of the Authorized Person, the undersigned shall immediately report, furnish and certify such changes to Bank and shall submit to the Bank a new account signature card reflecting such change(s) in order to make such changes effective and the Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any Authorized Person so certified, or refusing to honor any signature not so certified; and

6. Further Resolved, that the foregoing Resolution or Authorization, as applicable, shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as the Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and

7. Further Resolved, that all transactions by the undersigned, or any Authorized Person on its behalf and in its name with the Bank prior to the delivery to Bank of a certified copy of the foregoing Resolution or Authorization, as applicable, are, in all respects, hereby ratified, confirmed, approved and adopted; and

8. Further Resolved, that the appropriate Authorized Person be and hereby is, authorized and directed to certify these Resolutions or Authorizations, as applicable, to the Bank and that the provisions hereof are in conformity with the Business's Articles of Incorporation, Articles of Association, Articles of Organization, Charter, Rules, Agreement, Operating Agreement (or other Agreement), and/or Bylaws, as applicable, and that the appropriate Authorized Person be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

Sections 9, 10, 11 are applicable only if Partnership is checked on Page 1

9. That the undersigned shall certify to Bank the names and signatures of the Authorized Person authorized to act on behalf of this Business under the foregoing instructions and notwithstanding any modifications or termination of any of the power of any of the above-named Authorized Persons to represent said Business, whether by expiration of the Partnership Agreement, by death or retirement of any, or by the accession of one or more new Partners, or otherwise, and notwithstanding any other notice thereof Bank may receive, this authority shall continue to be binding upon each of the undersigned individually and upon our legal representatives, and upon said Partnership and its successors, until written notice to the contrary, signed by one of the undersigned or on his/her behalf by his/her duly authorized agent or representative, shall have been received by the Bank; provided, however that the foregoing instructions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until Bank has a reasonable time to act upon such notice to the contrary and such reasonable time cannot be less than three (3) business days after the Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and

10. That if any other persons become interested in the Partnership as a Partner or other interested party in the business dealings of the Partnership, or if there is any change in the Partnership that might change the relationship of the Partners or the depository relationship with the Bank, or if said business shall become incorporated, the undersigned shall notify the Bank promptly; and

11. That it is expressly understood and agreed that each Partner is and shall be personally liable for the actions taken pursuant to authority granted herein and that the rights evidenced by or contained in this Business Resolution or Authorization, as applicable, are in addition to, and not in limitation of the rights inherent in a Partner; and

Sections 12, 13, 14 are applicable only if Sole Proprietor is checked on Page 1

12. That if any other person, firm or corporation acquires any right, title or interest in the Business or if my relationship thereto as sole owner be altered in any way, or if said Business shall become incorporated, the undersigned shall notify the Bank promptly; and

13. That in consideration of your acceptance of the accounts of said Business under the foregoing name and style. I agree to protect and indemnify Bank against all loss or liability, including court costs and attorney fees, arising from or growing out of the acceptance by said Bank for payment of credit of checks, drafts, notes, bills of exchange, acceptances, certificates of deposits or other orders and instruments drawn to the order of and endorsed in my name and/or in the name of said Business; and

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Account Number: [REDACTED] 1004

14. That the undersigned has signed, acknowledged and filed in the proper office of the state of the Business's principal place of business any document(s) which may be required by the laws of said state to be filed by a person doing business under a fictitious or assumed name, if applicable.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization, this 17 day of Aug., 2020.

 Managing member.
Signature of Authorized Business Representative / Title

Bank Information

Date	<u>08/17/2020</u>
Financial Center Name	<u>Draper</u>
Employee's Name	<u>JAY DALE</u>
Employee's Phone Number	<u>[REDACTED]</u>



Business Signature Card
with Substitute Form W-9

BANK OF AMERICA

BANK OF AMERICA, N.A. (THE "BANK")

Account Number: XXXXXXXXXX 1004Account Type: ☒ Checking ☐ Savings ☐ Certificate of Deposit

Account Title: BLOX LENDING LLC

Legal Designation	<input checked="" type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Trust/Estate
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) _____			
	<p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p>			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any) _____		
(Applies to accounts maintained outside the U.S.)		Exemption from FATCA reporting code (if any) _____		
Employer Identification Number XXXXXXXXXX		(or) Social Security Number _____		

By signing below, I/we acknowledge, agree and consent:

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.

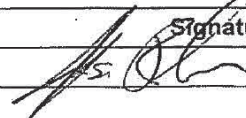
☐ **Nonresident Alien (NRA) Status:** Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

Substitute Form W-9: Certification – Under penalties of perjury, I certify that:

- The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Title (if applicable)	Signature	Date
JASON RICHARD ANDERSON	Managing Member		8-17-2020

00-14-9297M 11-2018

NID

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Associate Name: JAY DALE

Financial Center: Draper

Bank Number: 343

Date: 08/17/2020





**Business Resolution or Authorization for
Opening and Maintaining Banking
Relationship**

Name of Business BLOX LENDING LLC

Account Number 1020

State where Organized/Registered/Principal Place of Business NV

TIN

Business Type:

☐ Sole Proprietor ☐ Corporation ☒ Limited Liability Company
☐ Partnership ☐ Unincorporated Association ☐ Other

1. Resolved, that (the "Bank") is hereby designated as a depository of the Business and that deposit accounts and/or time deposits (CDs) be opened and maintained in the name of this Business with the Bank in accordance with the terms of the Bank's Deposit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any one of the following authorized representatives, officers, employees, partners, members, managers, as applicable ("Authorized Person"):

Name JASON RICHARD ANDERSON Title/Status Managing Member

Name _____ Title/Status _____

Name _____ Title/Status _____

Name _____ Title/Status _____

is hereby authorized, on behalf of this Business and in its name, to execute and to sign any application, deposit agreement-related, signature card and any other documentation required by the Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Business for deposit with Bank or for collection or discount by the Bank; to accept drafts, acceptances, and other instruments payable at the Bank; to place orders with the Bank for the purchase and sale of foreign currencies on behalf of this Business; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Business; to obtain an access device (including but not limited to a card, code, or other means of access to the Business's accounts) that may be used for the purpose of initiating electronic fund transfers [Business agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device]; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time, such persons who may request wires of funds; to enter into any agreements with the Bank for the provision by the Bank of various Treasury Management services to this Business as such Authorized Person may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Business's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by the Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from the Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter into whatever other agreements relating to the accounts or investment of funds in such accounts with the Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Business upon such terms and conditions as such Authorized Person may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the Authorized Person deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Business; and

2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for another instrument all instruments signed in accordance with the foregoing Resolution or Authorization, as applicable, even though such payment may create an overdraft or even though such instruments may be drawn, signed or endorsed to the order of any Authorized Person signing the same or tendered by such Authorized Person or a third party for exchange or cashing, or in payment of the individual obligation of such Authorized Person, or for deposit to such Authorized Person personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing Resolution or Authorization, as applicable, or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an Authorized Person; and

3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Business's name, including those payable to the individual order of any person

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Account Number: [REDACTED] 020

whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an Authorized Person authorized in the foregoing Resolution or Authorization, as applicable and Bank shall be entitled to honor, to treat as authorized, and to charge this Business for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the appropriate Authorized Person or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Business's name, which check, draft, or other order was accepted and paid without timely objection by the Business, thereby ratifying the use of such facsimile signature; and the Business hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

4. Further Resolved, that endorsements for deposit may be evidenced by the name of the Business being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and the Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and

5. Further Resolved, that the appropriate Authorized Person of this Business shall certify to the Bank names and signatures of persons authorized to act on behalf of this Business under the foregoing Resolution or Authorization, as applicable, and in the event a change occurs in the identity of the Authorized Person, the undersigned shall immediately report, furnish and certify such changes to Bank and shall submit to the Bank a new account signature card reflecting such change(s) in order to make such changes effective and the Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any Authorized Person so certified, or refusing to honor any signature not so certified; and

6. Further Resolved, that the foregoing Resolution or Authorization, as applicable, shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as the Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and

7. Further Resolved, that all transactions by the undersigned, or any Authorized Person on its behalf and in its name with the Bank prior to the delivery to Bank of a certified copy of the foregoing Resolution or Authorization, as applicable, are, in all respects, hereby ratified, confirmed, approved and adopted; and

8. Further Resolved, that the appropriate Authorized Person be and hereby is, authorized and directed to certify these Resolutions or Authorizations, as applicable, to the Bank and that the provisions hereof are in conformity with the Business's Articles of Incorporation, Articles of Association, Articles of Organization, Charter, Rules, Agreement, Operating Agreement (or other Agreement), and/or Bylaws, as applicable, and that the appropriate Authorized Person be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

Sections 9, 10, 11 are applicable only if Partnership is checked on Page 1

9. That the undersigned shall certify to Bank the names and signatures of the Authorized Person authorized to act on behalf of this Business under the foregoing instructions and notwithstanding any modifications or termination of any of the power of any of the above-named Authorized Persons to represent said Business, whether by expiration of the Partnership Agreement, by death or retirement of any, or by the accession of one or more new Partners, or otherwise, and notwithstanding any other notice thereof Bank may receive, this authority shall continue to be binding upon each of the undersigned individually and upon our legal representatives, and upon said Partnership and its successors, until written notice to the contrary, signed by one of the undersigned or on his/her behalf by his/her duly authorized agent or representative, shall have been received by the Bank; provided, however that the foregoing instructions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until Bank has a reasonable time to act upon such notice to the contrary and such reasonable time cannot be less than three (3) business days after the Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and

10. That if any other persons become interested in the Partnership as a Partner or other interested party in the business dealings of the Partnership, or if there is any change in the Partnership that might change the relationship of the Partners or the depository relationship with the Bank, or if said business shall become incorporated, the undersigned shall notify the Bank promptly; and

11. That it is expressly understood and agreed that each Partner is and shall be personally liable for the actions taken pursuant to authority granted herein and that the rights evidenced by or contained in this Business Resolution or Authorization, as applicable, are in addition to, and not in limitation of the rights inherent in a Partner; and

Sections 12, 13, 14 are applicable only if Sole Proprietor is checked on Page 1

12. That if any other person, firm or corporation acquires any right, title or interest in the Business or if my relationship thereto as sole owner be altered in any way, or if said Business shall become incorporated, the undersigned shall notify the Bank promptly; and

13. That in consideration of your acceptance of the accounts of said Business under the foregoing name and style, I agree to protect and indemnify Bank against all loss or liability, including court costs and attorney fees, arising from or growing out of the acceptance by said Bank for payment of credit of checks, drafts, notes, bills of exchange, acceptances, certificates of deposits or other orders and instruments drawn to the order of and endorsed in my name and/or in the name of said Business; and


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Account Number: [REDACTED] 020

14. That the undersigned has signed, acknowledged and filed in the proper office of the state of the Business's principal place of business any document(s) which may be required by the laws of said state to be filed by a person doing business under a fictitious or assumed name, if applicable.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization, this 17 day of Aug, 2020.

 - Authorized Business Representative
Signature of Authorized Business Representative / Title

Bank InformationDate 08/17/2020Financial Center Name DraperEmployee's Name JAY DALEEmployee's Phone Number [REDACTED]

NID

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**Business Signature Card
with Substitute Form W-9****BANK OF AMERICA**

BANK OF AMERICA, N.A. (THE "BANK")

Account Number: 1020 Account Type: ☐ Checking☒ Savings☐ Certificate of DepositAccount Title: BLOX LENDING LLC

Legal Designation	<input checked="" type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Trust/Estate
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) _____			
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any) _____		
(Applies to accounts maintained outside the U.S.)		Exemption from FATCA reporting code (if any) _____		
Employer Identification Number <u> </u>		(or) Social Security Number <u> </u>		

By signing below, I/we acknowledge, agree and consent:

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.

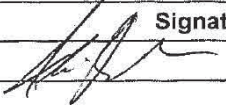
☐ **Nonresident Alien (NRA) Status:** Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

Substitute Form W-9: Certification – Under penalties of perjury, I certify that:

1. The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Title (if applicable)	Signature	Date
JASON RICHARD ANDERSON	Managing Member		8-17-2020

00-14-9297M 11-2018

NID

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Associate Name: JAY DALE

Financial Center: Draper

Bank Number: 343

Date: 08/17/2020





**Business Resolution or Authorization for
Opening and Maintaining Banking
Relationship**

Name of Business BLOX LENDING LLC

Account Number ██████████8814

State where Organized/Registered/Principal Place of Business NV

TIN ██████████

Business Type:

☐ Sole Proprietor
 ☐ Corporation
 ☒ Limited Liability Company
☐ Partnership
 ☐ Unincorporated Association
 ☐ Other

1. Resolved, that (the "Bank") is hereby designated as a depository of the Business and that deposit accounts and/or time deposits (CDs) be opened and maintained in the name of this Business with the Bank in accordance with the terms of the Bank's Deposit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any one of the following authorized representatives, officers, employees, partners, members, managers, as applicable ("Authorized Person"):

Name JASON RICHARD ANDERSON Title/Status Managing Member

Name _____ Title/Status _____

Name _____ Title/Status _____

Name _____ Title/Status _____

is hereby authorized, on behalf of this Business and in its name, to execute and to sign any application, deposit agreement-related, signature card and any other documentation required by the Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Business for deposit with Bank or for collection or discount by the Bank; to accept drafts, acceptances, and other instruments payable at the Bank; to place orders with the Bank for the purchase and sale of foreign currencies on behalf of this Business; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Business; to obtain an access device (including but not limited to a card, code, or other means of access to the Business's accounts) that may be used for the purpose of initiating electronic fund transfers [Business agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device]; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time, such persons who may request wires of funds; to enter into any agreements with the Bank for the provision by the Bank of various Treasury Management services to this Business as such Authorized Person may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Business's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by the Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from the Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter into whatever other agreements relating to the accounts or investment of funds in such accounts with the Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Business upon such terms and conditions as such Authorized Person may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the Authorized Person deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Business; and

2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for another instrument all instruments signed in accordance with the foregoing Resolution or Authorization, as applicable, even though such payment may create an overdraft or even though such instruments may be drawn, signed or endorsed to the order of any Authorized Person signing the same or tendered by such Authorized Person or a third party for exchange or cashing, or in payment of the individual obligation of such Authorized Person, or for deposit to such Authorized Person personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing Resolution or Authorization, as applicable, or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an Authorized Person; and

3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Business's name, including those payable to the individual order of any person

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Account Number: [REDACTED] 3814

whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an Authorized Person authorized in the foregoing Resolution or Authorization, as applicable and Bank shall be entitled to honor, to treat as authorized, and to charge this Business for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the appropriate Authorized Person or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Business's name, which check, draft, or other order was accepted and paid without timely objection by the Business, thereby ratifying the use of such facsimile signature; and the Business hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

4. Further Resolved, that endorsements for deposit may be evidenced by the name of the Business being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and the Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and

5. Further Resolved, that the appropriate Authorized Person of this Business shall certify to the Bank names and signatures of persons authorized to act on behalf of this Business under the foregoing Resolution or Authorization, as applicable, and in the event a change occurs in the identity of the Authorized Person, the undersigned shall immediately report, furnish and certify such changes to Bank and shall submit to the Bank a new account signature card reflecting such change(s) in order to make such changes effective and the Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any Authorized Person so certified, or refusing to honor any signature not so certified; and

6. Further Resolved, that the foregoing Resolution or Authorization, as applicable, shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as the Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and

7. Further Resolved, that all transactions by the undersigned, or any Authorized Person on its behalf and in its name with the Bank prior to the delivery to Bank of a certified copy of the foregoing Resolution or Authorization, as applicable, are, in all respects, hereby ratified, confirmed, approved and adopted; and

8. Further Resolved, that the appropriate Authorized Person be and hereby is, authorized and directed to certify these Resolutions or Authorizations, as applicable, to the Bank and that the provisions hereof are in conformity with the Business's Articles of Incorporation, Articles of Association, Articles of Organization, Charter, Rules, Agreement, Operating Agreement (or other Agreement), and/or Bylaws, as applicable, and that the appropriate Authorized Person be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

Sections 9, 10, 11 are applicable only if Partnership is checked on Page 1

9. That the undersigned shall certify to Bank the names and signatures of the Authorized Person authorized to act on behalf of this Business under the foregoing instructions and notwithstanding any modifications or termination of any of the power of any of the above-named Authorized Persons to represent said Business, whether by expiration of the Partnership Agreement, by death or retirement of any, or by the accession of one or more new Partners, or otherwise, and notwithstanding any other notice thereof Bank may receive, this authority shall continue to be binding upon each of the undersigned individually and upon our legal representatives, and upon said Partnership and its successors, until written notice to the contrary, signed by one of the undersigned or on his/her behalf by his/her duly authorized agent or representative, shall have been received by the Bank; provided, however that the foregoing instructions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until Bank has a reasonable time to act upon such notice to the contrary and such reasonable time cannot be less than three (3) business days after the Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and

10. That if any other persons become interested in the Partnership as a Partner or other interested party in the business dealings of the Partnership, or if there is any change in the Partnership that might change the relationship of the Partners or the depository relationship with the Bank, or if said business shall become incorporated, the undersigned shall notify the Bank promptly; and

11. That it is expressly understood and agreed that each Partner is and shall be personally liable for the actions taken pursuant to authority granted herein and that the rights evidenced by or contained in this Business Resolution or Authorization, as applicable, are in addition to, and not in limitation of the rights inherent in a Partner; and

Sections 12, 13, 14 are applicable only if Sole Proprietor is checked on Page 1

12. That if any other person, firm or corporation acquires any right, title or interest in the Business or if my relationship thereto as sole owner be altered in any way, or if said Business shall become incorporated, the undersigned shall notify the Bank promptly; and

13. That in consideration of your acceptance of the accounts of said Business under the foregoing name and style. I agree to protect and indemnify Bank against all loss or liability, including court costs and attorney fees, arising from or growing out of the acceptance by said Bank for payment of credit of checks, drafts, notes, bills of exchange, acceptances, certificates of deposits or other orders and instruments drawn to the order of and endorsed in my name and/or in the name of said Business; and


NID
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Account Number: [REDACTED] 814

14. That the undersigned has signed, acknowledged and filed in the proper office of the state of the Business's principal place of business any document(s) which may be required by the laws of said state to be filed by a person doing business under a fictitious or assumed name, if applicable.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization, this 17 day of Aug, 2020

 - Managing member.
Signature of Authorized Business Representative / Title

Bank InformationDate 08/17/2020Financial Center Name DraperEmployee's Name JAY DALEEmployee's Phone Number [REDACTED]

NID

00-14-9120M 09-2017



Page 3 of 3

Business Signature Card
with Substitute Form W-9

BANK OF AMERICA

BANK OF AMERICA, N.A. (THE "BANK")

Account Number: XXXXXXXXXX 3814Account Type: ☒ Checking☐ Savings☐ Certificate of Deposit

Account Title: BLOX LENDING LLC

Legal Designation	<input checked="" type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Trust/Estate
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) _____			
	<p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p>			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
	Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any) _____	
	(Applies to accounts maintained outside the U.S.)		Exemption from FATCA reporting code (if any) _____	
	Employer Identification Number XXXXXXXXXX		(or) Social Security Number _____	

By signing below, I/we acknowledge, agree and consent:

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.


☐ **Nonresident Alien (NRA) Status:** Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

Substitute Form W-9: Certification – Under penalties of perjury, I certify that:

- The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Title (if applicable)	Signature	Date
JASON RICHARD ANDERSON	Managing Member		8-17-2020

00-14-9297M 11-2018

NID

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Associate Name: JAY DALE

Financial Center: Draper

Bank Number: 343

Date: 08/17/2020



BANK OF AMERICA **Business Resolution or Authorization for
Opening and Maintaining Banking Relationship**Name of Business: IX GLOBAL LLCAccount Number: 8630State where Organized/Registered/Principal Place of Business: UTTax Identification Number: **Business Type:**

- ☐ Individual Owner/Sole Proprietor/Single Member LLC ☐ C Corporation ☐ S Corporation ☐ Trust/Estate
- ☐ Partnership (Enter type of partnership): General, LP, LLP or LLLP _____
- ☒ Limited Liability Company (Tax classification: C=C Corporation, S=S Corporation, P=Partnership) S
- ☐ Other: _____

1. **Resolved**, that Bank of America (the "Bank") is hereby designated as a depository for the funds of the Business; that any type of deposit account, including without limitation, time, demand, savings, and negotiable order of withdrawal accounts (generally, "Accounts") may be opened and maintained in the name of the Business with the Bank in accordance with the terms of the applicable Deposit Agreement, rules and regulations for such accounts and this Business Resolution and Authorization (the "Resolution"), by any one (1) of the following authorized representatives, officers, employees, partners, members, managers or agents (each an "Authorized Person"):

Name JOSEPH ANTHONY MARTINEZ JR Title/Status MANAGING MEMBER

Name _____ Title/Status _____

Name _____ Title/Status _____

Name _____ Title/Status _____

Name _____ Title/Status _____

may, individually, without the Bank obtaining consent from any other Authorized Person, conduct affairs with the Bank on behalf of the Business and in its name; sign and execute any application, agreements and/or other documentation required by the Bank to open Accounts; enter into any agreement on behalf of the Business with the Bank for the provision of Treasury Management or other services related to such Accounts; pledge Accounts as collateral, transfer to or withdraw funds from Accounts through any channel, such as by teller, or instrument, including but not limited to, by check, wire or electronic transfer; enter into special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of the Business may be deposited, collected, or withdrawn, and to perform such other acts as they deem reasonably necessary to carry out the provisions of this Resolution; to appoint and delegate, from time to time, such other person(s) who may be authorized to enter into such agreements; and to perform any such other acts as an Authorized Person deems reasonably necessary to carry out the provisions of this Resolution.

2. **Further Resolved**, that the Business agrees that laws and regulations that are solely applicable to consumer-purpose deposit accounts, including but not limited to the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) and Regulation E (12 C.F.R. Part 205), are not applicable to business-purpose accounts (and any related services) that are opened on behalf of, or used by, the Business.

BANK OF AMERICA **Business Resolution or Authorization for
Opening and Maintaining Banking Relationship**

Account Number: [REDACTED] 8630

3. **Further Resolved**, that the Bank is authorized to honor all instruments for the payment, delivery or exchange of money or property when signed or otherwise authorized by an Authorized Person, regardless of amount, including any amount payable to any Authorized Person, signer or other officer or employees of the Business, without inquiry as to the circumstances of their issue or the application or disposition of their proceeds, and without liability to the Bank, and without obligation on the Bank to inquire whether the same be drawn or required for the corporation's business or benefit.
4. **Further Resolved**, that the authority hereby conferred upon the Authorized Persons shall remain in full force and effect until the Bank receives notification in writing of the revocation of such authority, along with the information the Bank deems necessary to make such a change, and has had a reasonable period of time to act upon such notice (the "Reasonable Period"); that receipt of such notice shall not affect any action taken by the Bank prior to such Reasonable Period; and that even after the Reasonable Period, any checks written by, and online transfers or ATM/debit card transactions initiated by, previously Authorized Persons will be honored in the absence of an effective stop payment order for the payment method involved. If the Business fails to effectively notify the Bank of any revocation of authority, the Business agrees to indemnify and hold the Bank harmless for any unauthorized transaction conducted by previous Authorized Persons.
5. **Further Resolved**, that each Authorized Person hereby is authorized and directed to certify that the provisions of this Resolution binding upon the Business as to transactional matters with the Bank, are in effect to serve as part of the books and records of the Business and that they are in full force and effect and cannot be modified in any manner without written consent of the Bank.
6. **Further Resolved**, the appropriate Authorized Person(s) is/are hereby authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by the Bank.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization.



JOSEPH ANTHONY MARTINEZ JR

07/12/2022

Date

MANAGING MEMBER

Title of Authorized Business Representative

Business Signature Card
with Substitute Form W-9

Account Number: XXXXXXXXXX 8630

Account Type: ☒ Checking ☐ Savings ☐ Certificate of Deposit

Account Title: IX GLOBAL LLC

Legal Designation	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust/Estate			
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input checked="" type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) <u>S</u>			
	<small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
	<small>Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)</small> <small>(Applies to accounts maintained outside the U.S.)</small>		<small>Exempt payee code (if any) _____</small> <small>Exemption from FATCA reporting code (if any) _____</small>	
	Employer Identification Number XXXXXXXXXX		(or) Social Security Number _____	

By signing below, I/we acknowledge, agree and consent:

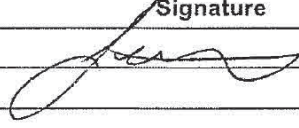
- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
 - This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
 - The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
 - The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
 - Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.
- ☐ **Nonresident Alien (NRA) Status:** Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

Substitute Form W-9: Certification – Under penalties of perjury, I certify that:

1. The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Title (if applicable)	Signature	Date
Joseph Anthony Martinez Jr.	Managing Member		11/28/22

00-14-9297M 05-2021

Associate Name: Anton Mayzus
Financial Center: Centerville

Bank Number: 343
Date: 11/28/2022

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BANK OF AMERICA

with Substitute Form W-9

Account Number: 8630 Account Type: ☒ Checking ☐ Savings ☐ Certificate of DepositAccount Title: IX GLOBAL LLC

Legal Designation	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust/Estate			
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input checked="" type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) <u>S</u> <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any) _____		
(Applies to accounts maintained outside the U.S.)		Exemption from FATCA reporting code (if any) _____		
Employer Identification Number <u> 8630 </u>		(or) Social Security Number _____		

By signing below, I/we acknowledge, agree and consent:

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.


☐ Nonresident Alien (NRA) Status: Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

Substitute Form W-9: Certification – Under penalties of perjury, I certify that:

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2. I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
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Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Title (if applicable)	Signature	Date
JOSEPH ANTHONY MARTINEZ JR	MANAGING MEMBER		07/12/2022

00-15-9297D 11-2021
NIDAssociate Name: Aaron PapaDakis
Financial Center: Downtown SLCBank Number: 343
Date: 07/12/2022

BANK OF AMERICA**Business Resolution or Authorization for
Opening and Maintaining Banking Relationship**Name of Business: IX GLOBAL LLCAccount Number: 8643State where Organized/Registered/Principal Place of Business: UTTax Identification Number: **Business Type:**

- ☐ Individual Owner/Sole Proprietor/Single Member LLC ☐ C Corporation ☐ S Corporation ☐ Trust/Estate
- ☐ Partnership (Enter type of partnership): General, LP, LLP or LLLP _____
- ☒ Limited Liability Company (Tax classification: C=C Corporation, S=S Corporation, P=Partnership) S
- ☐ Other: _____

1. **Resolved**, that Bank of America (the "Bank") is hereby designated as a depository for the funds of the Business; that any type of deposit account, including without limitation, time, demand, savings, and negotiable order of withdrawal accounts (generally, "Accounts") may be opened and maintained in the name of the Business with the Bank in accordance with the terms of the applicable Deposit Agreement, rules and regulations for such accounts and this Business Resolution and Authorization (the "Resolution"), by any one (1) of the following authorized representatives, officers, employees, partners, members, managers or agents (each an "Authorized Person"):

Name JOSEPH ANTHONY MARTINEZ JRTitle/Status MANAGING MEMBER

Name _____

Title/Status _____

Name _____

Title/Status _____

Name _____

Title/Status _____

Name _____

Title/Status _____

may, individually, without the Bank obtaining consent from any other Authorized Person, conduct affairs with the Bank on behalf of the Business and in its name; sign and execute any application, agreements and/or other documentation required by the Bank to open Accounts; enter into any agreement on behalf of the Business with the Bank for the provision of Treasury Management or other services related to such Accounts; pledge Accounts as collateral, transfer to or withdraw funds from Accounts through any channel, such as by teller, or instrument, including but not limited to, by check, wire or electronic transfer; enter into special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of the Business may be deposited, collected, or withdrawn, and to perform such other acts as they deem reasonably necessary to carry out the provisions of this Resolution; to appoint and delegate, from time to time, such other person(s) who may be authorized to enter into such agreements; and to perform any such other acts as an Authorized Person deems reasonably necessary to carry out the provisions of this Resolution.

2. **Further Resolved**, that the Business agrees that laws and regulations that are solely applicable to consumer-purpose deposit accounts, including but not limited to the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) and Regulation E (12 C.F.R. Part 205), are not applicable to business-purpose accounts (and any related services) that are opened on behalf of, or used by, the Business.

BANK OF AMERICA **Business Resolution or Authorization for
Opening and Maintaining Banking Relationship**

Account Number: [REDACTED] 8643

3. **Further Resolved**, that the Bank is authorized to honor all instruments for the payment, delivery or exchange of money or property when signed or otherwise authorized by an Authorized Person, regardless of amount, including any amount payable to any Authorized Person, signer or other officer or employees of the Business, without inquiry as to the circumstances of their issue or the application or disposition of their proceeds, and without liability to the Bank, and without obligation on the Bank to inquire whether the same be drawn or required for the corporation's business or benefit.
4. **Further Resolved**, that the authority hereby conferred upon the Authorized Persons shall remain in full force and effect until the Bank receives notification in writing of the revocation of such authority, along with the information the Bank deems necessary to make such a change, and has had a reasonable period of time to act upon such notice (the "Reasonable Period"); that receipt of such notice shall not affect any action taken by the Bank prior to such Reasonable Period; and that even after the Reasonable Period, any checks written by, and online transfers or ATM/debit card transactions initiated by, previously Authorized Persons will be honored in the absence of an effective stop payment order for the payment method involved. If the Business fails to effectively notify the Bank of any revocation of authority, the Business agrees to indemnify and hold the Bank harmless for any unauthorized transaction conducted by previous Authorized Persons.
5. **Further Resolved**, that each Authorized Person hereby is authorized and directed to certify that the provisions of this Resolution binding upon the Business as to transactional matters with the Bank, are in effect to serve as part of the books and records of the Business and that they are in full force and effect and cannot be modified in any manner without written consent of the Bank.
6. **Further Resolved**, the appropriate Authorized Person(s) is/are hereby authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by the Bank.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization.



JOSEPH ANTHONY MARTINEZ JR

07/12/2022

Date

MANAGING MEMBER

Title of Authorized Business Representative

BANK OF AMERICA

with Substitute Form W-9

Account Number: 8643 Account Type: ☒ Checking ☐ Savings ☐ Certificate of DepositAccount Title: IX GLOBAL LLC

Legal Designation	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust/Estate			
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input checked="" type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) <u>S</u> <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any) _____		
(Applies to accounts maintained outside the U.S.)		Exemption from FATCA reporting code (if any) _____		
Employer Identification Number <u> </u>		(or) Social Security Number _____		

By signing below, I/we acknowledge, agree and consent:

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.


☐ Nonresident Alien (NRA) Status: Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

Substitute Form W-9: Certification – Under penalties of perjury, I certify that:

1. The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Title (if applicable)	Signature	Date
JOSEPH ANTHONY MARTINEZ JR	MANAGING MEMBER		07/12/2022

00-15-9297D 11-2021
NIDAssociate Name: Aaron PapaDakis
Financial Center: Downtown SLCBank Number: 343
Date: 07/12/2022

BANK OF AMERICA**Business Resolution or Authorization for
Opening and Maintaining Banking Relationship**Name of Business: IX GLOBAL LLCAccount Number: ██████████8656State where Organized/Registered/Principal Place of Business: UTTax Identification Number: ██████████**Business Type:**

- ☐ Individual Owner/Sole Proprietor/Single Member LLC ☐ C Corporation ☐ S Corporation ☐ Trust/Estate
- ☐ Partnership (Enter type of partnership): General, LP, LLP or LLLP _____
- ☒ Limited Liability Company (Tax classification: C=C Corporation, S=S Corporation, P=Partnership) S
- ☐ Other: _____

1. **Resolved**, that Bank of America (the "Bank") is hereby designated as a depository for the funds of the Business; that any type of deposit account, including without limitation, time, demand, savings, and negotiable order of withdrawal accounts (generally, "Accounts") may be opened and maintained in the name of the Business with the Bank in accordance with the terms of the applicable Deposit Agreement, rules and regulations for such accounts and this Business Resolution and Authorization (the "Resolution"), by any one (1) of the following authorized representatives, officers, employees, partners, members, managers or agents (each an "Authorized Person"):

Name JOSEPH ANTHONY MARTINEZ JR Title/Status MANAGING MEMBER

Name _____ Title/Status _____

Name _____ Title/Status _____

Name _____ Title/Status _____

Name _____ Title/Status _____

may, individually, without the Bank obtaining consent from any other Authorized Person, conduct affairs with the Bank on behalf of the Business and in its name; sign and execute any application, agreements and/or other documentation required by the Bank to open Accounts; enter into any agreement on behalf of the Business with the Bank for the provision of Treasury Management or other services related to such Accounts; pledge Accounts as collateral, transfer to or withdraw funds from Accounts through any channel, such as by teller, or instrument, including but not limited to, by check, wire or electronic transfer; enter into special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of the Business may be deposited, collected, or withdrawn, and to perform such other acts as they deem reasonably necessary to carry out the provisions of this Resolution; to appoint and delegate, from time to time, such other person(s) who may be authorized to enter into such agreements; and to perform any such other acts as an Authorized Person deems reasonably necessary to carry out the provisions of this Resolution.

2. **Further Resolved**, that the Business agrees that laws and regulations that are solely applicable to consumer-purpose deposit accounts, including but not limited to the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) and Regulation E (12 C.F.R. Part 205), are not applicable to business-purpose accounts (and any related services) that are opened on behalf of, or used by, the Business.

BANK OF AMERICA **Business Resolution or Authorization for
Opening and Maintaining Banking Relationship**

Account Number: [REDACTED] 8656

3. **Further Resolved**, that the Bank is authorized to honor all instruments for the payment, delivery or exchange of money or property when signed or otherwise authorized by an Authorized Person, regardless of amount, including any amount payable to any Authorized Person, signer or other officer or employees of the Business, without inquiry as to the circumstances of their issue or the application or disposition of their proceeds, and without liability to the Bank, and without obligation on the Bank to inquire whether the same be drawn or required for the corporation's business or benefit.
4. **Further Resolved**, that the authority hereby conferred upon the Authorized Persons shall remain in full force and effect until the Bank receives notification in writing of the revocation of such authority, along with the information the Bank deems necessary to make such a change, and has had a reasonable period of time to act upon such notice (the "Reasonable Period"); that receipt of such notice shall not affect any action taken by the Bank prior to such Reasonable Period; and that even after the Reasonable Period, any checks written by, and online transfers or ATM/debit card transactions initiated by, previously Authorized Persons will be honored in the absence of an effective stop payment order for the payment method involved. If the Business fails to effectively notify the Bank of any revocation of authority, the Business agrees to indemnify and hold the Bank harmless for any unauthorized transaction conducted by previous Authorized Persons.
5. **Further Resolved**, that each Authorized Person hereby is authorized and directed to certify that the provisions of this Resolution binding upon the Business as to transactional matters with the Bank, are in effect to serve as part of the books and records of the Business and that they are in full force and effect and cannot be modified in any manner without written consent of the Bank.
6. **Further Resolved**, the appropriate Authorized Person(s) is/are hereby authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by the Bank.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization.



JOSEPH ANTHONY MARTINEZ JR

07/12/2022

Date

MANAGING MEMBER

Title of Authorized Business Representative

BANK OF AMERICA

with Substitute Form W-9

Account Number: 8656 Account Type: ☐ Checking ☒ Savings ☐ Certificate of DepositAccount Title: IX GLOBAL LLC

Legal Designation	<input type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust/Estate			
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input checked="" type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) <u>S</u> <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any) _____		
(Applies to accounts maintained outside the U.S.)		Exemption from FATCA reporting code (if any) _____		
Employer Identification Number <u> 8656 </u>		(or) Social Security Number _____		

By signing below, I/we acknowledge, agree and consent:

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.


☐ Nonresident Alien (NRA) Status: Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

Substitute Form W-9: Certification – Under penalties of perjury, I certify that:

1. The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Title (if applicable)	Signature	Date
JOSEPH ANTHONY MARTINEZ JR	MANAGING MEMBER		07/12/2022

00-15-9297D 11-2021
NIDAssociate Name: Aaron PapaDakis
Financial Center: Downtown SLCBank Number: 343
Date: 07/12/2022



**Business Resolution or Authorization for
Opening and Maintaining Banking
Relationship**

Name of Business UIU HOLDINGS LLCAccount Number 0882State where Organized/Registered/Principal Place of Business DETIN **Business Type:**☐ Sole Proprietor☐ Corporation☒ Limited Liability Company☐ Partnership☐ Unincorporated Association☐ Other

1. Resolved, that (the "Bank") is hereby designated as a depository of the Business and that deposit accounts and/or time deposits (CDs) be opened and maintained in the name of this Business with the Bank in accordance with the terms of the Bank's Deposit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any one of the following authorized representatives, officers, employees, partners, members, managers, as applicable ("Authorized Person"):

Name JASON RICHARD ANDERSONTitle/Status MANAGING MEMBERName Title/Status Name Title/Status Name Title/Status

is hereby authorized, on behalf of this Business and in its name, to execute and to sign any application, deposit agreement-related, signature card and any other documentation required by the Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this Business for deposit with Bank or for collection or discount by the Bank; to accept drafts, acceptances, and other instruments payable at the Bank; to place orders with the Bank for the purchase and sale of foreign currencies on behalf of this Business; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Business; to obtain an access device (including but not limited to a card, code, or other means of access to the Business's accounts) that may be used for the purpose of initiating electronic fund transfers [Business agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device]; to establish and maintain a night deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint or delegate from time to time, such persons who may request wires of funds; to enter into any agreements with the Bank for the provision by the Bank of various Treasury Management services to this Business as such Authorized Person may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Business's obligations thereunder, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in accordance with the terms of any such agreement shall have been received by the Bank and that such termination shall not affect any action taken by the Bank prior to such termination; to rent or lease a safe deposit box from the Bank, to execute the rental agreement or lease, to enter the safe deposit box and to terminate the rental agreement or lease; to take whatever other actions or enter into whatever other agreements relating to the accounts or investment of funds in such accounts with the Bank and to execute, amend, supplement and deliver to Bank such agreements on behalf of the Business upon such terms and conditions as such Authorized Person may deem appropriate and to appoint and delegate, from time to time, such person(s) who may be authorized to enter into such agreements and take any other actions pursuant to such agreements in connection with said accounts that the Authorized Person deems necessary; and to waive presentment, demand, protest, and notice of protest or dishonor of any check, note, bill, draft, or other instrument made, drawn or endorsed by this Business; and

2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for another instrument all instruments signed in accordance with the foregoing Resolution or Authorization, as applicable, even though such payment may create an overdraft or even though such instruments may be drawn, signed or endorsed to the order of any Authorized Person signing the same or tendered by such Authorized Person or a third party for exchange or cashing, or in payment of the individual obligation of such Authorized Person, or for deposit to such Authorized Person personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing Resolution or Authorization, as applicable, or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an Authorized Person; and

3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Business's name, including those payable to the individual order of any person

NID

00-14-9120M 09-2017



Page 1 of 3

Account Number: [REDACTED] 0882

whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an Authorized Person authorized in the foregoing Resolution or Authorization, as applicable and Bank shall be entitled to honor, to treat as authorized, and to charge this Business for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by the appropriate Authorized Person or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Business's name, which check, draft, or other order was accepted and paid without timely objection by the Business, thereby ratifying the use of such facsimile signature; and the Business hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and

4. Further Resolved, that endorsements for deposit may be evidenced by the name of the Business being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and the Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and

5. Further Resolved, that the appropriate Authorized Person of this Business shall certify to the Bank names and signatures of persons authorized to act on behalf of this Business under the foregoing Resolution or Authorization, as applicable, and in the event a change occurs in the identity of the Authorized Person, the undersigned shall immediately report, furnish and certify such changes to Bank and shall submit to the Bank a new account signature card reflecting such change(s) in order to make such changes effective and the Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any Authorized Person so certified, or refusing to honor any signature not so certified; and

6. Further Resolved, that the foregoing Resolution or Authorization, as applicable, shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as the Bank is concerned until three (3) business days after Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and

7. Further Resolved, that all transactions by the undersigned, or any Authorized Person on its behalf and in its name with the Bank prior to the delivery to Bank of a certified copy of the foregoing Resolution or Authorization, as applicable, are, in all respects, hereby ratified, confirmed, approved and adopted; and

8. Further Resolved, that the appropriate Authorized Person be and hereby is, authorized and directed to certify these Resolutions or Authorizations, as applicable, to the Bank and that the provisions hereof are in conformity with the Business's Articles of Incorporation, Articles of Association, Articles of Organization, Charter, Rules, Agreement, Operating Agreement (or other Agreement), and/or Bylaws, as applicable, and that the appropriate Authorized Person be, and hereby is, authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by said Bank.

Sections 9, 10, 11 are applicable only if Partnership is checked on Page 1

9. That the undersigned shall certify to Bank the names and signatures of the Authorized Person authorized to act on behalf of this Business under the foregoing instructions and notwithstanding any modifications or termination of any of the power of any of the above-named Authorized Persons to represent said Business, whether by expiration of the Partnership Agreement, by death or retirement of any, or by the accession of one or more new Partners, or otherwise, and notwithstanding any other notice thereof Bank may receive, this authority shall continue to be binding upon each of the undersigned individually and upon our legal representatives, and upon said Partnership and its successors, until written notice to the contrary, signed by one of the undersigned or on his/her behalf by his/her duly authorized agent or representative, shall have been received by the Bank; provided, however that the foregoing instructions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as Bank is concerned until Bank has a reasonable time to act upon such notice to the contrary and such reasonable time cannot be less than three (3) business days after the Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by the Bank prior thereto; and

10. That if any other persons become interested in the Partnership as a Partner or other interested party in the business dealings of the Partnership, or if there is any change in the Partnership that might change the relationship of the Partners or the depository relationship with the Bank, or if said business shall become incorporated, the undersigned shall notify the Bank promptly; and

11. That it is expressly understood and agreed that each Partner is and shall be personally liable for the actions taken pursuant to authority granted herein and that the rights evidenced by or contained in this Business Resolution or Authorization, as applicable, are in addition to, and not in limitation of the rights inherent in a Partner; and

Sections 12, 13, 14 are applicable only if Sole Proprietor is checked on Page 1

12. That if any other person, firm or corporation acquires any right, title or interest in the Business or if my relationship thereto as sole owner be altered in any way, or if said Business shall become incorporated, the undersigned shall notify the Bank promptly; and

13. That in consideration of your acceptance of the accounts of said Business under the foregoing name and style. I agree to protect and indemnify Bank against all loss or liability, including court costs and attorney fees, arising from or growing out of the acceptance by said Bank for payment of credit of checks, drafts, notes, bills of exchange, acceptances, certificates of deposits or other orders and instruments drawn to the order of and endorsed in my name and/or in the name of said Business; and

NID

00-14-9120M 09-2017



Page 2 of 3

Account Number: [REDACTED] 0882

14. That the undersigned has signed, acknowledged and filed in the proper office of the state of the Business's principal place of business any document(s) which may be required by the laws of said state to be filed by a person doing business under a fictitious or assumed name, if applicable.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization, this 13 day of Nov 2019

 Managing Member
Signature of Authorized Business Representative / Title

Bank InformationDate 11/13/2019Financial Center Name DraperEmployee's Name Edward NavarreteEmployee's Phone Number [REDACTED]

Business Signature Card
with Substitute Form W-9

BANK OF AMERICA

BANK OF AMERICA, N.A. (THE "BANK")

Account Number: 0882

Account Type: ☒ Checking☐ Savings☐ Certificate of Deposit

Account Title: UIU HOLDINGS LLC

Legal Designation	<input checked="" type="checkbox"/> Individual Owner/Sole Proprietor/Single Member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Trust/Estate
	<input type="checkbox"/> Partnership (Enter type of partnership): General, LP, LLP or LLLP _____			
	<input type="checkbox"/> Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) _____			
	<p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p>			
	<input type="checkbox"/> Other (Defined in W-9 instructions) _____			
Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)		Exempt payee code (if any) _____		
(Applies to accounts maintained outside the U.S.)		Exemption from FATCA reporting code (if any) _____		
Employer Identification Number _____		(or) Social Security Number _____		

By signing below, I/we acknowledge, agree and consent:

- To open this account and understand this does not change or replace any existing accounts I/we may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and I/we are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which I/we want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.

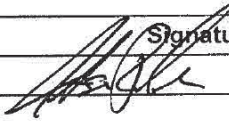
☐ **Nonresident Alien (NRA) Status:** Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

Substitute Form W-9: Certification – Under penalties of perjury, I certify that:

- The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Title (if applicable)	Signature	Date
JASON RICHARD ANDERSON	MANAGING MEMBER		Nov 13 2019

00-14-9297M 11-2018

NID

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Associate Name: Edward Navarrete

Financial Center: Draper

Bank Number: 343

Date: 11/13/2019



**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.ACCOUNT NUMBER [REDACTED] 788
ACCOUNT TYPE Chase Performance Business Checking
TAXPAYER ID NUMBER [REDACTED]
DATE OPENED 07/13/2021
FORM OF BUSINESS S-CorporationBUSINESS ADDRESS
10081 S ROCKVIEW DRISSUED BY JPMorgan Chase Bank, N.A. (602)
Sandy Little Cottonwood - 412
ARYN R NELSON
(801) 601-5163
07/13/2021

SANDY, UT 84092-4163

PRIMARY ID TYPE	PRIMARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
Website Documentation	[REDACTED]	UT	07/17/2020	07/31/2022
SECONDARY ID TYPE	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
None				

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) KORY R CALMES	[REDACTED]	[REDACTED]	President	7-13-21	<i>Kory Calmes</i>
2) _____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____



Page 1

M1207-01-13-CS (1/200)



BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS CALMES & CO INC.

TAXPAYER ID NO. [REDACTED]

BUSINESS ADDRESS 10081 S ROCKVIEW DR, SANDY, UT 84092-4163

BRANCH NAME AND NO. SANDY SOUTH TOWNE - 236

BANK NO. 602

BRANCH PHONE NO. (801) 481-8249

INTEROFFICE MAILCODE UT1-7024

PREPARED BY: NAME TAYLOR POWELL

DATE: 12/02/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

CHADWICK H CALMES

SIGNER

Dec. 2, 2021

Identification

ID Number

Issuer

Issuance Date

Expiration Date

1) Driver's License

[REDACTED]

UT

11/03/2017

11/10/2022

2) None

Account Numbers:

[REDACTED] 2788

[REDACTED] 8893

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC



BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS CALMES & CO INC.

TAXPAYER ID NO

BUSINESS ADDRESS 10081 S ROCKVIEW DR, SANDY, UT 84092-4163

BRANCH NAME AND NO. SANDY SOUTH TOWNE - 236

BANK NO. 602

BRANCH PHONE NO. (801) 481-8249

INTEROFFICE MAILCODE UT1-7024

PREPARED BY: NAME TAYLOR POWELL

DATE: 12/02/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

CHADWICK H CALMES

SIGNER

Dec. 2, 2021

Identification

ID Number

Issuer

Issuance Date

Expiration Date

1) Driver's License

2) None

Account Numbers:

5549

2788

5893

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC



Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
Calmes & Co Inc.

ACCOUNT NUMBER 549
ACCOUNT TYPE Chase Business Complete Checking
TAXPAYER ID NUMBER [REDACTED]
DATE OPENED 05/04/2021
FORM OF BUSINESS S_CORPORATION
ISSUED BY Digital Account Opening

BUSINESS ADDRESS
10081 S ROCKVIEW DR SANDY, UT 84092

PRIMARY ID TYPE	PRIMARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
SECONDARY ID TYPE	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

PRINTED NAME	TAXPAYER ID #	TITLE	DATE	SIGNATURE
KORY R CALMES	[REDACTED]	President	05/04/2021	Electronically signed by:KORY R CALMES

M1207-01-CS 10617 (11/20)

**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.

ACCOUNT NUMBER [REDACTED] 893

ACCOUNT TYPE Chase Business Premier Savings

TAXPAYER ID NUMBER [REDACTED]

DATE OPENED 07/13/2021

FORM OF BUSINESS S-Corporation

ISSUED BY JPMorgan Chase Bank, N.A. (602)

Sandy Little Cottonwood - 412

ARYN R NELSON

(801) 601-5163

07/13/2021

BUSINESS ADDRESS
10081 S ROCKVIEW DR

SANDY, UT 84092-4163

PRIMARY ID TYPE
Website DocumentationPRIMARY ID NUMBER
[REDACTED]ISSUER
UTISSUANCE DATE
07/17/2020EXPIRATION DATE
07/31/2022SECONDARY ID TYPE
None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) KORY R CALMES	[REDACTED]	[REDACTED]	President	7-13-21	
2)					
3)					
4)					



Page 1

M1207-01-13-C8 (1/1/20)



BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS CALMES & CO INC.TAXPAYER ID NO. [REDACTED]BUSINESS ADDRESS 10081 S ROCKVIEW DR, SANDY, UT 84092-4163BRANCH NAME AND NO. SANDY SOUTH TOWNE - 236BANK NO. 602BRANCH PHONE NO. (801) 481-8249INTEROFFICE MAILCODE UT1-7024PREPARED BY: NAME TAYLOR POWELLDATE: 12/02/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

CHADWICK H CALMES

SIGNER

Dec. 2, 2021

Identification

ID Number

Issuer

Issuance Date

Expiration Date

1) Driver's License

2) None

Account Numbers:

78855498893

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC



**BUSINESS DEPOSITORY CERTIFICATE (Corporation)**☒ NEW ☐ CHANGE

ACCOUNT NO.

788

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.

BANK NAME/NUMBER

JPMorgan Chase Bank, N.A. (602)

BRANCH NAME AND NO.

Utah - 412

DATE

07/13/2021

PREPARED BY

ARYN R NELSON

PHONE NO.

(801) 601-5163

BUSINESS ADDRESS

10081 S ROCKVIEW DR

SANDY, UT 84092-4163

TAXPAYER ID NO.

PRODUCT TYPE

Chase Performance Business Checking

Legal Name of Organization: CALMES & CO INC.

(the "Organization")

State of Organization: UT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name

KORY R CALMES

Title

President

Facsimile Signatures

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SIGNER(S) TO BE ADDED LATER CHADWICK H CALMES, EXP 08/12/2021

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature:

Date: 07/13/2021

Title:

President

Printed Name:

KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC



Page 1 of 2

M1207-03-CS (11/20)





BUSINESS DEPOSITORY CERTIFICATE (Corporation)



ACCOUNT NO. [REDACTED] 788

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2

M1 207-03-CS (11/20)



BUSINESS DEPOSITORY CERTIFICATE (Corporation)☒ NEW ☐ CHANGE

ACCOUNT NO.

549

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
Calmes & Co Inc.

BANK NAME/NUMBER

Digital Account Opening

BRANCH NAME AND NO.

DATE

05/04/2021

PREPARED BY

BUSINESS ADDRESS

10081 S ROCKVIEW DR SANDY, UT 84092

PHONE NO.

8015546955

TAXPAYER ID NO.

PRODUCT TYPE

Chase Business Complete Checking

Legal Name of Organization: Calmes & Co Inc.

(the "Organization")

State of Organization: UT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name
KORY R CALMESTitle
PresidentFacsimile Signatures
KORY R CALMES

SIGNER(S) TO BE ADDED LATER

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: Electronically signed by KORY R CALMES

Date: 05/04/2021

Title: President

Printed Name: KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2

M1267-03-CS (11/20)

SB1447524-F1

BUSINESS DEPOSITORY CERTIFICATE (Corporation)



ACCOUNT NO. [REDACTED] 5549

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

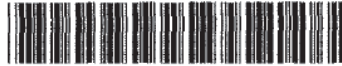
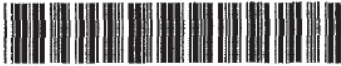
Signature: _____ Date: _____
Title: _____
Printed Name: _____

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2

M1 207-03-CS (11/20)

**BUSINESS DEPOSITORY CERTIFICATE (Corporation)**☒ NEW ☐ CHANGE

ACCOUNT NO.

593

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.

BANK NAME/NUMBER

JPMorgan Chase Bank, N.A. (602)

BRANCH NAME AND NO.

Utah - 412

DATE

07/13/2021

PREPARED BY

ARYN R NELSON

PHONE NO.

(801) 601-5163

BUSINESS ADDRESS

10981 S ROCKVIEW DR

SANDY, UT 84092-4163

TAXPAYER ID NO.

PRODUCT TYPE
Chase Business Premier Savings

Legal Name of Organization: CALMES & CO INC.

(the "Organization")

State of Organization: UT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name
KORY R CALMESTitle
President

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER CHADWICK H CALMES, EXP 08/12/2021

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature:

Date: 07/13/2021

Title:

President

Printed Name: KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC



Page 1 of 2

M1207-03-CS (11/20)





BUSINESS DEPOSITORY CERTIFICATE (Corporation)



ACCOUNT NO. [REDACTED] 893

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2

M1 207-03-CS (11/20)



**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.ACCOUNT NUMBER 2788
ACCOUNT TYPE Chase Performance Business Checking
TAXPAYER ID NUMBER
DATE OPENED 07/13/2021
FORM OF BUSINESS S-CorporationBUSINESS ADDRESS
10081 S ROCKVIEW DR

SANDY, UT 84092-4163

ISSUED BY JPMorgan Chase Bank, N.A. (602)
Sandy Little Cottonwood - 412
ARYN R NELSON
(801) 601-5163
07/13/2021PRIMARY ID TYPE
Website Documentation

PRIMARY ID NUMBER

ISSUER
UTISSUANCE DATE
07/17/2020EXPIRATION DATE
07/31/2022SECONDARY ID TYPE
None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) KORY R CALMES			President	7-13-21	<i>Kory Calmes</i>
2)					
3)					
4)					



Page 1

M1207-01-13-CS (1/200)



BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS CALMES & CO INC.TAXPAYER ID NO. [REDACTED]BUSINESS ADDRESS 10081 S ROCKVIEW DR, SANDY, UT 84092-4163BRANCH NAME AND NO. SANDY SOUTH TOWNE - 236BANK NO. 602BRANCH PHONE NO. (801) 481-8249INTEROFFICE MAILCODE UT1-7024PREPARED BY: NAME TAYLOR POWELLDATE: 12/02/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

CHADWICK H CALMES

SIGNER

Dec. 2, 2021

Identification

ID Number

Issuer

Issuance Date

Expiration Date

1) Driver's License

2) None

Account Numbers:

[REDACTED] 549

[REDACTED] 2788

[REDACTED] 5893

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC



BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS CALMES & CO INC.

TAXPAYER ID NO.

BUSINESS ADDRESS 10081 S ROCKVIEW DR, SANDY, UT 84092-4163BRANCH NAME AND NO. SANDY SOUTH TOWNE - 236BANK NO. 602BRANCH PHONE NO. (801) 481-8249INTEROFFICE MAILCODE UT1-7024PREPARED BY: NAME TAYLOR POWELLDATE: 12/02/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

CHADWICK H CALMES

SIGNER

Dec. 2, 2021

Identification

ID Number

Issuer

Issuance Date

Expiration Date

1) Driver's License

2) None

Account Numbers:

2788

6893

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC



Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
Calmes & Co Inc.

ACCOUNT NUMBER [REDACTED] 549
ACCOUNT TYPE Chase Business Complete Checking
TAXPAYER ID NUMBER [REDACTED]
DATE OPENED 05/04/2021
FORM OF BUSINESS S_CORPORATION
ISSUED BY Digital Account Opening

BUSINESS ADDRESS
10081 S ROCKVIEW DR SANDY, UT 84092

PRIMARY ID TYPE	PRIMARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
SECONDARY ID TYPE	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

PRINTED NAME	TAXPAYER ID #	TITLE	DATE	SIGNATURE
KORY R CALMES	[REDACTED]	President	05/04/2021	Electronically signed by:KORY R CALMES

M1207-01-CS 10617 (11/20)



Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.

ACCOUNT NUMBER [REDACTED] 893

ACCOUNT TYPE Chase Business Premier Savings

TAXPAYER ID NUMBER [REDACTED]

DATE OPENED 07/13/2021

FORM OF BUSINESS S-Corporation

ISSUED BY JPMorgan Chase Bank, N.A. (602)

Sandy Little Cottonwood - 412

ARYN R NELSON

(801) 601-5163

07/13/2021

BUSINESS ADDRESS
10081 S ROCKVIEW DR

SANDY, UT 84092-4163

PRIMARY ID TYPE
Website Documentation

PRIMARY ID NUMBER [REDACTED]

ISSUER
UT

ISSUANCE DATE
07/17/2020

EXPIRATION DATE
07/31/2022

SECONDARY ID TYPE
None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) KORY R CALMES	[REDACTED]	[REDACTED]	President	7-13-21	
2)					
3)					
4)					



Page 1

M1207-01-13-C8 (1/1/20)



BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS CALMES & CO INC.

TAXPAYER ID NO.

BUSINESS ADDRESS 10081 S ROCKVIEW DR, SANDY, UT 84092-4163BRANCH NAME AND NO. SANDY SOUTH TOWNE - 236BANK NO. 602BRANCH PHONE NO. (801) 481-8249INTEROFFICE MAILCODE UT1-7024PREPARED BY: NAME TAYLOR POWELLDATE: 12/02/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

CHADWICK H CALMES

SIGNER

Dec. 2, 2021

Identification

ID Number

Issuer

Issuance Date

Expiration Date

1) Driver's License

2) None

Account Numbers:

27885498893

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC



**BUSINESS DEPOSITORY CERTIFICATE (Corporation)**☒ NEW ☐ CHANGE

ACCOUNT NO.

788

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.

BANK NAME/NUMBER

JPMorgan Chase Bank, N.A. (602)

BRANCH NAME AND NO.

Utah - 412

DATE

07/13/2021

PREPARED BY

ARYN R NELSON

PHONE NO.

(801) 601-5163

BUSINESS ADDRESS

10081 S ROCKVIEW DR

SANDY, UT 84092-4163

TAXPAYER ID NO.

PRODUCT TYPE

Chase Performance Business Checking

Legal Name of Organization: CALMES & CO INC.

(the "Organization")

State of Organization: UT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name
KORY R CALMESTitle
President

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER CHADWICK H CALMES, EXP 08/12/2021

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature:

Date: 07/13/2021

Title:

President

Printed Name: KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Customer

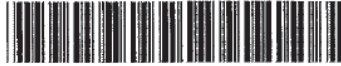
JPMorgan Chase Bank, N.A. Member FDIC



Page 1 of 2

M1207-03-CS (11/20)





BUSINESS DEPOSITORY CERTIFICATE (Corporation)



ACCOUNT NO. [REDACTED] 2788

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2

M1 207-03-CS (11/20)



BUSINESS DEPOSITORY CERTIFICATE (Corporation) X NEW CHANGE

ACCOUNT NO.

██████████ 549

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
Calmes & Co Inc.

BANK NAME/NUMBER

Digital Account Opening

BRANCH NAME AND NO.

DATE

05/04/2021

PREPARED BY

BUSINESS ADDRESS

10081 S ROCKVIEW DR SANDY, UT 84092

PHONE NO.

██████████

TAXPAYER ID NO.

██████████

PRODUCT TYPE

Chase Business Complete Checking

Legal Name of Organization: Calmes & Co Inc.

(the "Organization")

State of Organization: UT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name
KORY R CALMESTitle
PresidentFacsimile Signatures
KORY R CALMES

SIGNER(S) TO BE ADDED LATER

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: Electronically signed by KORY R CALMES

Date: 05/04/2021

Title: President

Printed Name: KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2

M1267-03-CS (11/20)

BUSINESS DEPOSITORY CERTIFICATE (Corporation)



ACCOUNT NO. [REDACTED] 549

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2

M1 207-03-CS (11/20)

**BUSINESS DEPOSITORY CERTIFICATE (Corporation)**☒ NEW ☐ CHANGEACCOUNT NO.
3593ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.BANK NAME/NUMBER
JPMorgan Chase Bank, N.A. (602)
BRANCH NAME AND NO.
Utah - 412DATE
07/13/2021
PREPARED BY
ARYN R NELSONBUSINESS ADDRESS
10081 S ROCKVIEW DRPHONE NO.
(801) 601-5163SANDY, UT 84092-4163
TAXPAYER ID NO.PRODUCT TYPE
Chase Business Premier Savings

Legal Name of Organization: CALMES & CO INC.

(the "Organization")

State of Organization: UT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name
KORY R CALMESTitle
President

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER CHADWICK H CALMES, EXP 08/12/2021

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature:

Date: 07/13/2021

Title:

President

Printed Name: KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC



Page 1 of 2

M1207-03-CS (11/20)





BUSINESS DEPOSITORY CERTIFICATE (Corporation)



ACCOUNT NO. [REDACTED] 893

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2

M1 207-03-CS (11/20)



**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.

ACCOUNT NUMBER [REDACTED] 788

ACCOUNT TYPE Chase Performance Business Checking

TAXPAYER ID NUMBER [REDACTED]

DATE OPENED 07/13/2021

FORM OF BUSINESS S-Corporation

ISSUED BY JPMorgan Chase Bank, N.A. (602)

Sandy Little Cottonwood - 412

ARYN R NELSON

(801) 601-5163

07/13/2021

BUSINESS ADDRESS
10081 S ROCKVIEW DR

SANDY, UT 84092-4163

PRIMARY ID TYPE
Website DocumentationPRIMARY ID NUMBER
[REDACTED]ISSUER
UTISSUANCE DATE
07/17/2020EXPIRATION DATE
07/31/2022SECONDARY ID TYPE
None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor agrees to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME

TELEPHONE NUMBER

TAXPAYER ID #

TITLE

DATE

SIGNATURE

1) KORY R CALMES

President

7-13-21

2)

3)

4)



Page 1

M1207-01-13CS (1/200)



SB1447524-F1

BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS CALMES & CO INC.

TAXPAYER ID NO. [REDACTED]

BUSINESS ADDRESS 10081 S ROCKVIEW DR, SANDY, UT 84092-4163

BRANCH NAME AND NO. SANDY SOUTH TOWNE - 236

BANK NO. 602

BRANCH PHONE NO. (801) 481-8249

INTEROFFICE MAILCODE UT1-7024

PREPARED BY: NAME TAYLOR POWELL

DATE: 12/02/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

CHADWICK H CALMES

SIGNER

Dec. 2, 2021

Identification

ID Number

Issuer

Issuance Date

Expiration Date

1) Driver's License

2) None

Account Numbers:

2788

5893

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated phone have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JP Morgan Chase Bank, N.A. Member FDIC



BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS CALMES & CO INC.

TAXPAYER ID NO. [REDACTED]

BUSINESS ADDRESS 10081 S ROCKVIEW DR, SANDY, UT 84092-4163

BRANCH NAME AND NO. SANDY SOUTH TOWNE - 236

BANK NO. 602

BRANCH PHONE NO. (801) 481-8249

INTEROFFICE MAILCODE UT1-7024

PREPARED BY: NAME TAYLOR POWELL

DATE: 12/02/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

CHADWICK H CALMES

SIGNER

Dec. 2, 2021

Identification

ID Number

Issuer

Issuance Date

Expiration Date

1) Driver's License

2) None

Account Numbers:

[REDACTED] 549

788

5893

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated phone have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JP Morgan Chase Bank, N.A. Member FDIC



Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
Calmes & Co Inc.

ACCOUNT NUMBER [REDACTED] 549
ACCOUNT TYPE Chase Business Complete Checking
TAXPAYER ID NUMBER [REDACTED]
DATE OPENED 05/04/2021
FORM OF BUSINESS S_CORPORATION
ISSUED BY Digital Account Opening

BUSINESS ADDRESS
10081 S ROCKVIEW DR SANDY UT 84092

PRIMARY ID TYPE	PRIMARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
SECONDARY ID TYPE	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

PRINTED NAME	TAXPAYER ID #	TITLE	DATE	SIGNATURE
KORY R CALMES	[REDACTED]	President	05/04/2021	Electronically signed by KORY R CALMES

M1207-01-CS 10617 (11/20)

**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.

ACCOUNT NUMBER [REDACTED] 893

ACCOUNT TYPE Chase Business Premier Savings

TAXPAYER ID NUMBER [REDACTED]

DATE OPENED 07/13/2021

FORM OF BUSINESS S-Corporation

ISSUED BY JPMorgan Chase Bank, N.A. (602)

Sandy Little Cottonwood - 412

ARYN R NELSON

(801) 601-5163

07/13/2021

BUSINESS ADDRESS
10081 S ROCKVIEW DR

SANDY, UT 84092-4163

PRIMARY ID TYPE
Webella Documentation

PRIMARY ID NUMBER [REDACTED]

ISSUER
UTISSUANCE DATE
07/17/2020EXPIRATION DATE
07/31/2022SECONDARY ID TYPE
None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

	PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1)	KORY R CALMES	[REDACTED]	[REDACTED]	President	7-13-21	
2)						
3)						
4)						



M1207-01-13-C5 (1/1/20)



SB1447524-F1



BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS CALMES & CO INC.

TAXPAYER ID NO.

BUSINESS ADDRESS 10081 S ROCKVIEW DR, SANDY, UT 84092-4163BRANCH NAME AND NO. SANDY SOUTH TOWNE - 236BANK NO. 602BRANCH PHONE NO. (801) 481-8249INTEROFFICE MAILCODE UT1-7024PREPARED BY: NAME TAYLOR POWELLDATE: 12/02/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

CHADWICK H CALMES

SIGNER

Dec. 2, 2021

Identification

ID Number

Issuer

Issuance Date

Expiration Date

1) Driver's License

2) None

Account Numbers:

2788

5549

5893

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

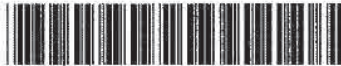
Date



1

JPMorgan Chase Bank, N.A. Member FDIC



**BUSINESS DEPOSITORY CERTIFICATE (Corporation)**☒ NEW ☐ CHANGE

ACCOUNT NO.

2788

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.

BANK NAME/NUMBER

JPMorgan Chase Bank, N.A. (602)

BRANCH NAME AND NO.
Utah - 412

DATE

07/13/2021

PREPARED BY

ARYN R NELSON

PHONE NO.

(801) 601-5163

BUSINESS ADDRESS
10081 S ROCKVIEW DR

SANDY, UT 84092-4163

TAXPAYER ID NO.

PRODUCT TYPE

Chase Performance Business Checking

Legal Name of Organization: CALMES & CO INC.

(the "Organization")

State of Organization: UT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name
KORY R CALMESTitle
President

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER CHADWICK H CALMES, EXP 08/12/2021

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature:

Date: 07/13/2021

Title:

President

Printed Name: KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Customer

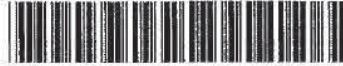
JPMorgan Chase Bank, N.A. Member FDIC



Page 1 of 2

M1207-03-CS (11/20)





BUSINESS DEPOSITORY CERTIFICATE (Corporation)



ACCOUNT NO. [REDACTED] 2788

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2

M1 207-03-CS (11/20)



BUSINESS DEPOSITORY CERTIFICATE (Corporation)☒ NEW ☐ CHANGE

ACCOUNT NO.

549

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
Calmes & Co Inc.

BANK NAME/NUMBER

Digital Account Opening

BRANCH NAME AND NO.

DATE

05/04/2021

PREPARED BY

BUSINESS ADDRESS

10081 S ROCKVIEW DR SANDY, UT 84092

PHONE NO.

8015546955

TAXPAYER ID NO.

PRODUCT TYPE

Chase Business Complete Checking

Legal Name of Organization: Calmes & Co Inc.

(the "Organization")

State of Organization: UT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name
KORY R CALMESTitle
PresidentFacsimile Signatures
KORY R. CALMES

SIGNER(S) TO BE ADDED LATER

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____. [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: Electronically signed by KORY R CALMES

Date: 05/04/2021

Title: President

Printed Name: KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2

M1207-03-CS (11/20)

BUSINESS DEPOSITORY CERTIFICATE (Corporation)



ACCOUNT NO. [REDACTED] 549

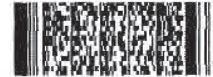
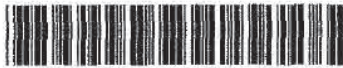
Signature:	_____	Date:	_____
Title:	_____		
Printed Name:	_____		
Signature:	_____	Date:	_____
Title:	_____		
Printed Name:	_____		
Signature:	_____	Date:	_____
Title:	_____		
Printed Name:	_____		
Signature:	_____	Date:	_____
Title:	_____		
Printed Name:	_____		
Signature:	_____	Date:	_____
Title:	_____		
Printed Name:	_____		
Signature:	_____	Date:	_____
Title:	_____		
Printed Name:	_____		
Signature:	_____	Date:	_____
Title:	_____		
Printed Name:	_____		

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2

M1 207-03-CS (11/20)

**BUSINESS DEPOSITORY CERTIFICATE (Corporation)**☒ NEW ☐ CHANGE

ACCOUNT NO.

3693

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
CALMES & CO INC.

BANK NAME/NUMBER

JPMorgan Chase Bank, N.A. (602)

BRANCH NAME AND NO.

Utah - 412

DATE

07/13/2021

PREPARED BY

ARYN R NELSON

PHONE NO.

(801) 601-5163

BUSINESS ADDRESS

10081 S ROCKVIEW DR

SANDY, UT 84092-4163

TAXPAYER ID NO.

PRODUCT TYPE
Chase Business Premier Savings

Legal Name of Organization: CALMES & CO INC.

(the "Organization")

State of Organization: UT

The individual(s) signing this Certificate hereby certifies to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a corporation of the type identified above, duly organized under the laws of the state of organization listed above;
- the individual signing this Certificate is the Secretary, Assistant Secretary, Acting Secretary, or President, as listed below, of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements and other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name
KORY R CALMESTitle
President

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER CHADWICK H CALMES, EXP 08/12/2021

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

The Secretary, Assistant Secretary, Acting Secretary or President of the Organization, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature:

Date: 07/13/2021

Title:

President

Printed Name: KORY R CALMES

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC



Page 1 of 2

M1207-03-CS (11/20)



BUSINESS DEPOSITORY CERTIFICATE (Corporation)



ACCOUNT NO. [REDACTED] 893

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

Signature: _____ Date: _____
Title: _____
Printed Name: _____

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

Page 2 of 2

M1 207-03-CS (11/20)



**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
CALMFRTZ HOLDINGS, LLC

ACCOUNT NUMBER 3639

ACCOUNT TYPE Chase Business Complete Checking

TAXPAYER ID NUMBER

DATE OPENED 05/05/2021

FORM OF BUSINESS Limited Liability Company - Member Managed (LLC)

ISSUED BY JPMorgan Chase Bank, N.A. (602)

Mountain View and 134th - 343495

PERRY LAULU

(801) 316-0128

05/05/2021

BUSINESS ADDRESS
1086 E SKYLER DR

DRAPER, UT 84020-7646

PRIMARY ID TYPE
Website Documentation

PRIMARY ID NUMBER

ISSUER
UTISSUANCE DATE
05/03/2021EXPIRATION DATE
03/31/2022SECONDARY ID TYPE
None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) MATTHEW DILLON FRITZSCHE			Member	5/5/21	
2)					
3)					
4)					



Page 1

M1207-01-13 CS (11/20)





BUSINESS ACCOUNT ADD SIGNERS FORM

NAME OF BUSINESS CALMFRITZ HOLDINGS, LLC

TAXPAYER ID NO. [REDACTED]

BUSINESS ADDRESS 1086 E SKYLER DR, DRAPER, UT 84020-7646

BRANCH NAME AND NO. SANDY LITTLE COTTONWOOD - 412

BANK NO. 602

BRANCH PHONE NO. (801) 601-5163

INTEROFFICE MAILCODE UT1-8013

PREPARED BY: NAME ARYN R NELSON

DATE: 05/11/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add
CHADWICK H CALMESTitle
SIGNERSignature
Date
5-11-21Identification
1) Driver's License
2) NoneID Number
[REDACTED]Issuer
UTIssuance Date
11/03/2017Expiration Date
11/10/2022

Account Numbers:

[REDACTED] 0639

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated
Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC



BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS CALMFRTZ HOLDINGS, LLCTAXPAYER ID NO. [REDACTED]BUSINESS ADDRESS 10081 S ROCKVIEW DR. SANDY, UT 84092-4163BRANCH NAME AND NO. SANDY SOUTH TOWNE - 236BANK NO. 602BRANCH PHONE NO. (801) 481-8249INTEROFFICE MAILCODE UT1-7024PREPARED BY: NAME TAYLOR POWELLDATE: 12/02/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add
KORY R CALMESTitle
SIGNERSignature
Date
12/2/2021Identification
1) Driver's License
2) NoneID Number
[REDACTED]Issuer
UTIssuance Date
05/19/2020Expiration Date
08/05/2028

Account Numbers:

6639

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated
Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC



**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
CALMFRTZ HOLDINGS, LLC

ACCOUNT NUMBER 3115

ACCOUNT TYPE Chase Performance Business Checking

TAXPAYER ID NUMBER

DATE OPENED 11/05/2021

FORM OF BUSINESS Limited Liability Company - Member Managed (LLC)

ISSUED BY JPMorgan Chase Bank, N.A. (602)

Sandy Little Cottonwood - 412

ARYN R NELSON

(801) 601-6163

11/05/2021

BUSINESS ADDRESS
10081 S ROCKVIEW DR

SANDY, UT 84092-4163

PRIMARY ID TYPE

Website Documentation

PRIMARY ID NUMBER

ISSUER

UT

ISSUANCE DATE

05/03/2021

EXPIRATION DATE

03/31/2022

SECONDARY ID TYPE

None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor agrees to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) CHADWICK H CALMES			Member	11-05-2021	<i>Chad Calmes</i>
2) MATTHEW DILLON FRITZSCHE			Member	11/5/21	<i>Matthew Fritzsch</i>
3)					
4)					



Page 1

M1207-01-19-GS (11/20)



SB1440710-F1



ACCOUNT TITLE ("DEPOSITOR")
CALMFRTZ HOLDINGS, LLC
DBA DIGITALLY LICENSED COMPANY

Business Signature Card
DOING BUSINESS AS (DBA)



M1207-01-13-CS DBA Page (11/20)

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**BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)**

X NEW CHANGE

ACCOUNT NO.

0639

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
CALMFRTZ HOLDINGS, LLC

BANK NAME/NUMBER

JPMorgan Chase Bank, N.A. (602)

BRANCH NAME AND NO.

Mountain View and 134th - 343495

DATE

05/06/2021

PREPARED BY

PERRY LAULU

PHONE NO.

(801) 316-0128

BUSINESS ADDRESS
1085 E SKYLER DR

DRAPER, UT 84020-7846

TAXPAYER ID NO.

PRODUCT TYPE
Chase Business Complete Checking

Legal Name of Organization: CALMFRTZ HOLDINGS, LLC

(the "Organization")

State of Organization: UT

Type of Organization (check one):

- ☒ Limited liability company managed by its members
☐ Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a limited liability company, duly organized under the laws of the state of organization listed above;
- the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if managed by managers) ("Managers") of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so pauses or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name

MATTHEW DILLON FRITZSCHE

Title

Member

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER

CHADWICK H CALMES, EXP 06/04/2021

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____. [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

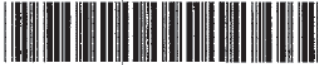
If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

M1207-04-CS (11/20)

JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2



**BUSINESS DEPOSITORY CERTIFICATE**
(Limited Liability Company)

ACCOUNT NO. [REDACTED] 639

*Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form W-8.**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*Member of Manager
Printed Name: MATTHEW DILLON FRITZSCHE

Date: 5/5/21

Member of Manager
Printed Name:

Date:

Member of Manager
Printed Name:

Date:

Member of Manager
Printed Name:

Date:

Member of Manager
Printed Name:

Date:

Member of Manager
Printed Name:

Date:

Member of Manager
Printed Name:

Date:

Member of Manager
Printed Name:

Date:

(Attach additional pages if necessary to reflect all Members or Managers)

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

M1207-04-CS (11/20)



Page 2 of 2



**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
CALMFRTZ HOLDINGS, LLC

ACCOUNT NUMBER [REDACTED] 839

ACCOUNT TYPE Chase Business Complete Checking

TAXPAYER ID NUMBER [REDACTED]

DATE OPENED 05/05/2021

FORM OF BUSINESS Limited Liability Company - Member Managed (LLC)

ISSUED BY JPMorgan Chase Bank, N.A. (602)

Mountain View and 134th - 343495

PERRY LAULU

(801) 316-0128

05/05/2021

BUSINESS ADDRESS
1086 E SKYLER DR

DRAPER, UT 84020-7646

PRIMARY ID TYPE
Website Documentation

PRIMARY ID NUMBER [REDACTED]

ISSUER
UTISSUANCE DATE
05/03/2021EXPIRATION DATE
03/31/2022SECONDARY ID TYPE
None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) MATTHEW DILLON FRITZSCHE	[REDACTED]	[REDACTED]	Member	5/5/21	
2)					
3)					
4)					



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M1207-01-13 CS (11/20)





BUSINESS ACCOUNT ADD SIGNERS FORM

NAME OF BUSINESS CALMFRITZ HOLDINGS, LLC

TAXPAYER ID NO. [REDACTED]

BUSINESS ADDRESS 1086 E SKYLER DR, DRAPER, UT 84020-7646

BRANCH NAME AND NO. SANDY LITTLE COTTONWOOD - 412

BANK NO. 602

BRANCH PHONE NO. (801) 601-5163

INTEROFFICE MAILCODE UT1-8013

PREPARED BY: NAME ARYN R NELSON

DATE: 05/11/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add
CHADWICK H CALMESTitle
SIGNERSignature
Date
5-11-21Identification
1) Driver's License
2) NoneID Number
[REDACTED]Issuer
UTIssuance Date
11/03/2017Expiration Date
11/10/2022

Account Numbers:

[REDACTED] 0639

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated
Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC



BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS CALMFRTZ HOLDINGS, LLCTAXPAYER ID NO. [REDACTED]BUSINESS ADDRESS 10081 S ROCKVIEW DR. SANDY, UT 84092-4163BRANCH NAME AND NO. SANDY SOUTH TOWNE - 236BANK NO. 602BRANCH PHONE NO. (801) 481-8249INTEROFFICE MAILCODE UT1-7024PREPARED BY: NAME TAYLOR POWELLDATE: 12/02/2021

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add
KORY R CALMESTitle
SIGNERSignature
[Signature]Date
12/2/2021Identification
1) Driver's License
2) NoneID Number
[REDACTED]Issuer
UTIssuance Date
05/19/2020Expiration Date
08/05/2028

Account Numbers:

0639

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add

Title

Signature

Date

Identification

ID Number

Issuer

Issuance Date

Expiration Date

Account Numbers:

CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated
Association or Organization:

For Sole Proprietorship:

For Partnership or Limited Liability Company:

For Government Entity:

Secretary

Date

Owner/Sole Proprietor

Date

Partner/Member/Manager

Date

Certifying Official

Date



1

JPMorgan Chase Bank, N.A. Member FDIC



**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
CALMFRTZ HOLDINGS, LLC

ACCOUNT NUMBER 115

ACCOUNT TYPE Chase Performance Business Checking

TAXPAYER ID NUMBER

DATE OPENED 11/05/2021

FORM OF BUSINESS Limited Liability Company - Member Managed (LLC)

ISSUED BY JPMorgan Chase Bank, N.A. (602)

Sandy Little Cottonwood - 412

ARYN R NELSON

(801) 601-6163

11/05/2021

BUSINESS ADDRESS
10081 S ROCKVIEW DR

SANDY, UT 84092-4163

PRIMARY ID TYPE

Website Documentation

PRIMARY ID NUMBER

ISSUER

UT

ISSUANCE DATE

05/03/2021

EXPIRATION DATE

03/31/2022

SECONDARY ID TYPE

None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor agrees to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) CHADWICK H CALMES			Member	11-05-2021	<i>Chad Calmes</i>
2) MATTHEW DILLON FRITZSCHE			Member	11/5/21	<i>Matthew Fritzsch</i>
3)					
4)					



Page 1

M1207-01-19-GS (11/20)



SB1440710-F1



ACCOUNT TITLE ("DEPOSITOR")
CALMFRTZ HOLDINGS, LLC
DBA DIGITALLY LICENSED COMPANY

Business Signature Card
DOING BUSINESS AS (DBA)



M1207-01-13-CS DBA Page (11/20)

Page 2



**Business Signature Card**ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
CONEXION CONSULTING LLC

ACCOUNT NUMBER [REDACTED] 397

ACCOUNT TYPE Chase Performance Business Checking

TAXPAYER ID NUMBER [REDACTED]

DATE OPENED 02/08/2022

FORM OF BUSINESS Limited Liability Company - Manager Managed (LLC)

ISSUED BY JPMorgan Chase Bank, N.A. (602)

Fort Union - 233

KARISSA MICKELSON

(801) 481-9496

02/08/2022

BUSINESS ADDRESS
2205 E PHEASANT WAY

HOLLADAY, UT 84121-1312

PRIMARY ID TYPE
Website Documentation

PRIMARY ID NUMBER [REDACTED]

ISSUER
UTISSUANCE DATE
02/03/2022EXPIRATION DATE
02/03/2023SECONDARY ID TYPE
None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) CONNOR STEPHEN FRANCA	[REDACTED]	[REDACTED]	Manager	2/8/22	
2)					
3)					
4)					



Page 1

MT207-01-13-CS (11/20)



**BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)**

X NEW CHANGE

ACCOUNT NO.

659

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
CALMFRTZ HOLDINGS, LLC

BANK NAME/NUMBER

JPMorgan Chase Bank, N.A. (602)

BRANCH NAME AND NO.

Mountain View and 134th - 343495

DATE

05/06/2021

PREPARED BY

PERRY LAULU

PHONE NO.

(801) 316-0128

BUSINESS ADDRESS
1085 E SKYLER DR

DRAPER, UT 84020-7846

TAXPAYER ID NO.

PRODUCT TYPE
Chase Business Complete Checking

Legal Name of Organization: CALMFRTZ HOLDINGS, LLC

(the "Organization")

State of Organization: UT

Type of Organization (check one):

- ☒ Limited liability company managed by its members
☐ Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a limited liability company, duly organized under the laws of the state of organization listed above;
- the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if managed by managers) ("Managers") of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so pauses or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name

MATTHEW DILLON FRITZSCHE

Title

Member

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER

CHADWICK H CALMES, EXP 06/04/2021

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____. [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

M1207-04-CS (11/20)

JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2



**BUSINESS DEPOSITORY CERTIFICATE**
(Limited Liability Company)**CHASE**

ACCOUNT NO. 0639

*Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form W-8.**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.*

Member or Manager

Printed Name: MATTHEW DILLON FRITZSCHE

Date

5/5/21

Member or Manager

Printed Name:

Date

Member or Manager

Printed Name:

Date

Member or Manager

Printed Name:

Date

Member or Manager

Printed Name:

Date

Member or Manager

Printed Name:

Date

Member or Manager

Printed Name:

Date

Member or Manager

Printed Name:

Date

(Attach additional pages if necessary to reflect all Members or Managers)

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

M1207-04-CS (11/20)



Page 2 of 2





Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
IX GLOBAL LLC

ACCOUNT NUMBER 7087

ACCOUNT TYPE Chase Platinum Business Checking

TAXPAYER ID NUMBER

DATE OPENED 08/24/2021

FORM OF BUSINESS Limited Liability Company - Member Managed (LLC)

ISSUED BY JPMorgan Chase Bank, N.A. (602)

Ogden - 283

AMY CUMMINGS

(801) 621-7266

08/24/2021

BUSINESS ADDRESS
768 TANGLEWOOD LOOP

NORTH SALT LAKE, UT 84054-3342

PRIMARY ID TYPE

Website Documentation

PRIMARY ID NUMBER

ISSUER

UT

ISSUANCE DATE

08/22/2019

EXPIRATION DATE

08/31/2021

SECONDARY ID TYPE

None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) JOSEPH ANTHONY MARTINEZ JR			Member	8/24/21	
2)					
3)					
4)					



Page 1

M1207-01-13-CR (11/20)





Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
IX GLOBAL LLC

ACCOUNT NUMBER [REDACTED] 067
ACCOUNT TYPE Chase Platinum Business Checking
TAXPAYER ID NUMBER [REDACTED]
DATE OPENED 08/24/2021
FORM OF BUSINESS Limited Liability Company - Member Managed (LLC)
ISSUED BY JPMorgan Chase Bank, N.A. (602)
Bountiful - 285
STACEY BOWDIDGE
(801) 481-5510
08/30/2021

BUSINESS ADDRESS
769 TANGLEWOOD LOOP
NORTH SALT LAKE, UT 84054-3342
United States/US Territories

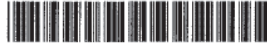
PRIMARY ID TYPE	PRIMARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
Website Documentation	[REDACTED]	UT	08/22/2019	08/31/2021
SECONDARY ID TYPE	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
None				

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

	PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1)	JOSEPH ANTHONY MARTINEZ JR	[REDACTED]	[REDACTED]	Member	8/30/21	
2)						
3)						
4)						





Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
IX GLOBAL LLC

ACCOUNT NUMBER 712
ACCOUNT TYPE Chase Business Premier Savings
TAXPAYER ID NUMBER
DATE OPENED 09/08/2021
FORM OF BUSINESS Limited Liability Company - Member Managed (LLC)
ISSUED BY JPMorgan Chase Bank, N.A. (602)
Bountiful - 285
AUSTIN HUNTSMAN
(801) 481-8239
09/08/2021

BUSINESS ADDRESS
789 TANGLEWOOD LOOP

NORTH SALT LAKE, UT 84054-3342

PRIMARY ID TYPE
Website Documentation

PRIMARY ID NUMBER

ISSUER
UT

ISSUANCE DATE
09/08/2021

EXPIRATION DATE
08/31/2022

SECONDARY ID TYPE
None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

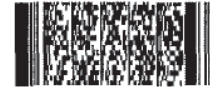
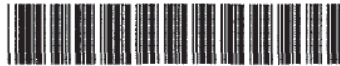
PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) JOSEPH ANTHONY MARTINEZ JR			Member	9/8/21	
2)					
3)					
4)					



Page 1

MT207-01-13-08 (11/20)





BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)



☒ NEW ☐ CHANGE

ACCOUNT NO.
087
ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
IX GLOBAL LLC

BANK NAME/NUMBER
JPMorgan Chase Bank, N.A. (602)
BRANCH NAME AND NO.
Ogden - 283

BUSINESS ADDRESS
769 TANGLEWOOD LOOP

DATE
08/24/2021
PREPARED BY
AMY CUMMINGS

NORTH SALT LAKE, UT 84054-3342
TAXPAYER ID NO.

PRODUCT TYPE
Chase Platinum Business Checking

PHONE NO.
(801) 621-7266

Legal Name of Organization: IX GLOBAL LLC (the "Organization")

State of Organization: UT
Type of Organization (check one):
☒ Limited liability company managed by its members
☐ Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a limited liability company, duly organized under the laws of the state of organization listed above;
- the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if managed by managers) ("Managers") of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization
Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization
Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name	Title	Facsimile Signatures
JOSEPH ANTHONY MARTINEZ JR	Member	

SIGNER(S) TO BE ADDED LATER

Facsimile Signature Authorization
The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations
Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.
Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-9 Instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION
The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

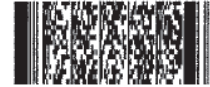
If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.



JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2





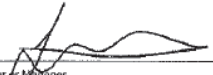
BUSINESS DEPOSITORY CERTIFICATE
(Limited Liability Company)



ACCOUNT NO. [REDACTED] 7087

Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form W-8.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.


Member or Manager
Printed Name: JOSEPH ANTHONY MARTINEZ JR

8/24/21
Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

(Attach additional pages if necessary to reflect all Members or Managers)

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

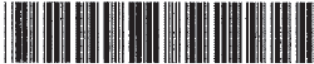
M1207-04-CS (11/20)



Page 2 of 2



SB1428404-F1



BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)

NEW ☒ CHANGEACCOUNT NO.
7087ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
IX GLOBAL LLCBUSINESS ADDRESS
789 TANGLEWOOD LOOP
NORTH SALT LAKE, UT 84054-3342
United States/US TerritoriesBANK NAME/NUMBER
JPMorgan Chase Bank, N.A. (602)
BRANCH NAME AND NO.
Bountiful - 285DATE
08/30/2021
PREPARED BY
STACEY BOWDIDGE
PHONE NO.
(801) 481-5510

TAXPAYER ID NO.

PRODUCT TYPE
Chase Platinum Business Checking

Legal Name of Organization: IX GLOBAL LLC

(the "Organization")

State of Organization: UT

Type of Organization (check one):

- ☒ Limited liability company managed by its members
☐ Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a limited liability company, duly organized under the laws of the state of organization listed above;
- the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if managed by managers) ("Managers") of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name
JOSEPH ANTHONY MARTINEZ JRTitle
Member

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____. [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

M1207-04-CS (11/20)

JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2





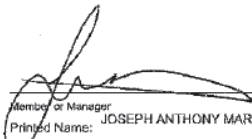
**BUSINESS DEPOSITORY CERTIFICATE
(Limited Liability Company)**



ACCOUNT NO. [REDACTED] 7087

Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form W-8.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.


Member or Manager
Printed Name: JOSEPH ANTHONY MARTINEZ JR.

8/20/21
Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

(Attach additional pages if necessary to reflect all Members or Managers)

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

M1207-04-CS (11/20)



Page 2 of 2



**BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)**X NEW CHANGEACCOUNT NO.
712ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
IX GLOBAL LLCBANK NAME/NUMBER
JPMorgan Chase Bank, N.A. (602)BRANCH NAME AND NO.
Bountiful - 285DATE
08/08/2021PREPARED BY
AUSTIN HUNTSMANPHONE NO.
(801) 481-8239BUSINESS ADDRESS
769 TANGLEWOOD LOOP

NORTH SALT LAKE, UT 84054-3342

TAXPAYER ID NO.

PRODUCT TYPE
Chase Business Premier Savings

Legal Name of Organization: IX GLOBAL LLC

(the "Organization")

State of Organization: UT

Type of Organization (check one):

- ☒ Limited liability company managed by its members
☐ Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a limited liability company, duly organized under the laws of the state of organization listed above;
- the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if managed by managers) ("Managers") of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name
JOSEPH ANTHONY MARTINEZ JRTitle
Member

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER**Facsimile Signature Authorization**

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

M1207-04-CS (11/20)

JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2





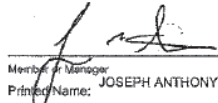
BUSINESS DEPOSITORY CERTIFICATE
(Limited Liability Company)



ACCOUNT NO. [REDACTED] 712

Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form W-8.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.


Member or Manager
Printed Name: JOSEPH ANTHONY MARTINEZ JR

9/8/21
Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

(Attach additional pages if necessary to reflect all Members or Managers)

DISTRIBUTION: 1) National Account Services 2) Customer
JPMorgan Chase Bank, N.A. Member FDIC

M1207-04-CS (11/20)



Page 2 of 2



SB1428404-F1



Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
IX GLOBAL LLC

ACCOUNT NUMBER 0087

ACCOUNT TYPE Chase Platinum Business Checking

TAXPAYER ID NUMBER

DATE OPENED 08/24/2021

FORM OF BUSINESS Limited Liability Company - Member Managed (LLC)

ISSUED BY JPMorgan Chase Bank, N.A. (602)

Ogden - 283

AMY CUMMINGS

(801) 621-7266

08/24/2021

BUSINESS ADDRESS
768 TANGLEWOOD LOOP

NORTH SALT LAKE, UT 84054-3342

PRIMARY ID TYPE

Website Documentation

PRIMARY ID NUMBER

ISSUER

UT

ISSUANCE DATE

08/22/2019

EXPIRATION DATE

08/31/2021

SECONDARY ID TYPE

None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) JOSEPH ANTHONY MARTINEZ JR			Member	8/24/21	
2)					
3)					
4)					



Page 1

M1207-01-13-CR (11/20)





Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
IX GLOBAL LLC

ACCOUNT NUMBER [REDACTED] 067
ACCOUNT TYPE Chase Platinum Business Checking
TAXPAYER ID NUMBER [REDACTED]
DATE OPENED 08/24/2021
FORM OF BUSINESS Limited Liability Company - Member Managed (LLC)
ISSUED BY JPMorgan Chase Bank, N.A. (602)
Bountiful - 285
STACEY BOWDIDGE
(801) 481-5510
08/30/2021

BUSINESS ADDRESS
769 TANGLEWOOD LOOP
NORTH SALT LAKE, UT 84054-3342
United States/US Territories

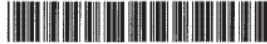
PRIMARY ID TYPE	PRIMARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
Website Documentation	[REDACTED]	UT	08/22/2019	08/31/2021
SECONDARY ID TYPE	SECONDARY ID NUMBER	ISSUER	ISSUANCE DATE	EXPIRATION DATE
None				

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) JOSEPH ANTHONY MARTINEZ JR	[REDACTED]	[REDACTED]	Member	8/30/21	
2)					
3)					
4)					





Business Signature Card

ACCOUNT TITLE ("DEPOSITOR") (DBA(s) on the following page(s) if applicable)
IX GLOBAL LLC

ACCOUNT NUMBER 1712
ACCOUNT TYPE Chase Business Premier Savings
TAXPAYER ID NUMBER [REDACTED]
DATE OPENED 09/08/2021
FORM OF BUSINESS Limited Liability Company - Member Managed (LLC)
ISSUED BY JPMorgan Chase Bank, N.A. (602)
Bountiful - 285
AUSTIN HUNTSMAN
(801) 481-8239
09/08/2021

BUSINESS ADDRESS
789 TANGLEWOOD LOOP

NORTH SALT LAKE, UT 84054-3342

PRIMARY ID TYPE
Website Documentation

PRIMARY ID NUMBER
[REDACTED]

ISSUER
UT

ISSUANCE DATE
09/06/2021

EXPIRATION DATE
08/31/2022

SECONDARY ID TYPE
None

SECONDARY ID NUMBER

ISSUER

ISSUANCE DATE

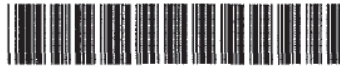
EXPIRATION DATE

ACKNOWLEDGEMENT - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which includes all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

** When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME	TELEPHONE NUMBER	TAXPAYER ID #	TITLE	DATE	SIGNATURE
1) JOSEPH ANTHONY MARTINEZ JR	[REDACTED]	[REDACTED]	Member	9/8/21	
2)					
3)					
4)					





BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)



☒ NEW ☐ CHANGE

ACCOUNT NO.
[REDACTED] 087
ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
IX GLOBAL LLC

BANK NAME/NUMBER
JPMorgan Chase Bank, N.A. (602)
BRANCH NAME AND NO.
Ogden - 283

DATE
08/24/2021
PREPARED BY
AMY CUMMINGS
PHONE NO.
(801) 621-7266

BUSINESS ADDRESS
769 TANGLEWOOD LOOP

NORTH SALT LAKE, UT 84054-3342

TAXPAYER ID NO. [REDACTED] PRODUCT TYPE
Chase Platinum Business Checking

Legal Name of Organization: IX GLOBAL LLC (the "Organization")

State of Organization: UT
Type of Organization (check one):
☒ Limited liability company managed by its members
☐ Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a limited liability company, duly organized under the laws of the state of organization listed above;
- the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if managed by managers) ("Managers") of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name	Title	Facsimile Signatures
JOSEPH ANTHONY MARTINEZ JR	Member	

SIGNER(S) TO BE ADDED LATER

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____ [According to the IRS Form W-9 Instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 Instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

M1207-04-CS (11/20)

JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2





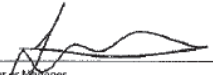
BUSINESS DEPOSITORY CERTIFICATE
(Limited Liability Company)



ACCOUNT NO. XXXXXXXXXX 7087

Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form W-8.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.


Member or Manager
Printed Name: JOSEPH ANTHONY MARTINEZ JR

8/24/21
Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

(Attach additional pages if necessary to reflect all Members or Managers)

DISTRIBUTION: 1) National Account Services 2) Customer

JPMorgan Chase Bank, N.A. Member FDIC

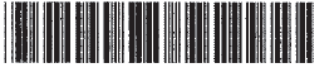
M1207-04-CS (11/20)



Page 2 of 2



SB1428404-F1

**BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)**NEW ☒ CHANGE

ACCOUNT NO.

7087

ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)

IX GLOBAL LLC

BANK NAME/NUMBER

JPMorgan Chase Bank, N.A. (602)

BRANCH NAME AND NO.

Bountiful - 285

DATE

08/30/2021

PREPARED BY

STACEY BOWDIDGE

PHONE NO.

(801) 481-5510

BUSINESS ADDRESS

789 TANGLEWOOD LOOP

NORTH SALT LAKE, UT 84054-3342

United States/US Territories

TAXPAYER ID NO.

PRODUCT TYPE

Chase Platinum Business Checking

Legal Name of Organization: IX GLOBAL LLC

(the "Organization")

State of Organization: UT

Type of Organization (check one):

☒ Limited liability company managed by its members☐ Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a limited liability company, duly organized under the laws of the state of organization listed above;
- the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if managed by managers) ("Managers") of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name

JOSEPH ANTHONY MARTINEZ JR

Title

Member

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER**Facsimile Signature Authorization**

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) _____. [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

M1207-04-CS (11/20)

JPMorgan Chase Bank, N.A. Member FDIC

Page 1 of 2





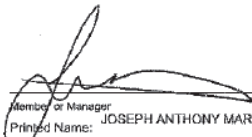
BUSINESS DEPOSITORY CERTIFICATE
(Limited Liability Company)



ACCOUNT NO. [REDACTED] 7087

Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form W-8.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.


Member or Manager
Printed Name: JOSEPH ANTHONY MARTINEZ JR.

8/20/21
Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

(Attach additional pages if necessary to reflect all Members or Managers)

DISTRIBUTION: 1) National Account Services 2) Customer
JPMorgan Chase Bank, N.A. Member FDIC

M1207-04-CS (11/20)



Page 2 of 2





BUSINESS DEPOSITORY CERTIFICATE (Limited Liability Company)



☒ NEW ☐ CHANGE

ACCOUNT NO.
712
ACCOUNT TITLE (DBA(s) on the following page(s) if applicable)
IX GLOBAL LLC

BANK NAME/NUMBER
JPMorgan Chase Bank, N.A. (602)
BRANCH NAME AND NO.
Bountiful - 285

BUSINESS ADDRESS
769 TANGLEWOOD LOOP

DATE
08/08/2021
PREPARED BY
AUSTIN HUNTSMAN

NORTH SALT LAKE, UT 84054-3342

PHONE NO.
(801) 481-8239

TAXPAYER ID NO. PRODUCT TYPE
Chase Business Premier Savings

Legal Name of Organization: IX GLOBAL LLC

(the "Organization")

State of Organization: UT

Type of Organization (check one):

- ☒ Limited liability company managed by its members
☐ Limited liability company managed by one or more managers

The individuals signing this Certificate certify to JPMorgan Chase Bank, N.A. (the "Bank") as follows:

- the Organization is a limited liability company, duly organized under the laws of the state of organization listed above;
- the individuals signing this Certificate are, or are authorized representatives of, all of the members (if managed by its members) ("Members") or managers (if managed by managers) ("Managers") of the Organization; and
- the Organization has authorized all actions and agreements described in this Certificate in accordance with all requirements of law and of Organization's organizational documents and bylaws, if any, and the authorizations are now in full force and effect.

Account Opening and Contractual Authorization

Any of the people listed below ("Authorized Persons"), acting alone, may:

- Open or close one or more accounts with the Bank at any time, subject to the Bank's deposit account agreement;
- Act on behalf of the Organization in any matter involving any of the Organization's depository accounts at the Bank;
- Sign all agreements or other documents relating to any depository accounts or other business of the Organization. These agreements & other documents include but are not limited to funds transfer agreements, agreements for automated clearinghouse services, agreements for online services, and safe deposit agreements.

Deposit and Withdrawal Authorization

Each Authorized Person may deposit or withdraw the Organization's funds. Each Authorized Person may sign any and all checks, drafts, and orders drawn against any account of the Organization at the Bank, and may give instructions for account transactions without a signature, such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other means. The Bank is authorized to pay any checks or other transactions authorized by the Organization, even if doing so causes or increases an overdraft. Each Authorized Person may endorse for cash, collection, deposit, or negotiation any checks, drafts, notes, bills of exchange, or certificates of deposit, and order the payment or transfer of money between accounts at the Bank and other banks. Endorsements "for deposit" may be written or stamped. The Bank may accept any instrument for deposit to any depository account of the Organization without endorsement or may supply the endorsement of the Organization. The Bank is authorized to pay all checks, drafts, and orders when signed, endorsed, or authorized by any Authorized Person without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those payable to or endorsed to the Authorized Person.

Print Name
JOSEPH ANTHONY MARTINEZ JR

Title
Member

Facsimile Signatures

SIGNER(S) TO BE ADDED LATER

Facsimile Signature Authorization

The Bank is authorized and directed to pay checks bearing any form of facsimile or computer-generated signature. If the Organization either uses or provides a signature card authorizing any facsimile or computer-generated signature, the Organization will be solely responsible for any check bearing a similar signature.

Further Authorizations

Each Member or Manager, as applicable, acting alone, is authorized to certify to the Bank the name, title, specimen signature and facsimile signature of any additional Authorized Person, or to instruct the Bank to remove any Authorized Person. The Bank may rely on this Certificate until it receives express written notice of a change or revocation.

FOR THE PRECEDING PURPOSES, each of the undersigned has signed his/her name(s) on the date indicated above.

Exemption from FATCA reporting code (if any) [According to the IRS Form W-9 instructions, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.]

CERTIFICATION

The undersigned certifies under penalties of perjury that (1) the Organization's Taxpayer Identification Number shown above is correct, and (2) the Organization is not subject to backup withholding because: (a) the Organization is exempt from backup withholding, or (b) the Organization has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Organization that it is no longer subject to backup withholding, and (3) the Organization is a U.S. citizen or other U.S. person (as defined in the Form W-9 instructions), and (4) the FATCA code(s) entered on this form (if any) indicating that the Organization is exempt from FATCA reporting is correct.

If the IRS has notified the Organization that it is subject to backup withholding due to underreporting interest or dividends on its tax return, cross out item 2 above.

M1207-04-CS (11/20)

JPMorgan Chase Bank, N.A. Member FDIC

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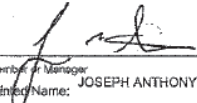
BUSINESS DEPOSITORY CERTIFICATE
(Limited Liability Company)



ACCOUNT NO. [REDACTED] 1712

Note: For a disregarded entity, if the owner is not signing below, he, she or it must submit IRS Form W-9 or the appropriate Form W-8.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.


Member or Manager
Printed Name: JOSEPH ANTHONY MARTINEZ JR

9/8/21
Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

Member or Manager
Printed Name:

Date

(Attach additional pages if necessary to reflect all Members or Managers)

DISTRIBUTION: 1) National Account Services 2) Customer
JPMorgan Chase Bank, N.A. Member FDIC

M1207-04-CS (11/20)



Page 2 of 2





Online Business Banking
Optional Services Analysis

Account # [REDACTED] 2717

Analyst JAMES WUEST

General Business Information

Business Name	DIGITAL LICENSING INC		
Date of Organization	3/18/2021	<input type="checkbox"/> Public Entity or Non-Profit Organization <input type="checkbox"/> Unacceptable Business for Debits	
EIN	[REDACTED]		
MACU Open Date	2/7/2023		
90 Day Average Balance	\$ 350,360.54		
NSF Activity	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Gross Annual Sales Volume	\$ 22,168,605.00	Other Accts:	[REDACTED] 4754 [REDACTED] 7865
Balance Sheet Equity \$		Path:	
Biz Chex Recommendation	Accept		
Primary Nature/Function of this business	Software Licensing and Management		

Requested Credit Limits

- ☐ Payroll
☒ ACH Credit
☒ Domestic Wire
☒ International Wire

Single Day Limit

\$ 400,000
\$ 1,200,000
\$ 400,000

Requested Debit Limits

- ☐ ACH Debit

Single Day Limit

Frequency

2-Day Return Rate

Unauth Return Rate

	Daily	\$ 0	\$ 0
--	-------	------	------

Purpose for ACH Origination Services

Owners, General Partners, Managing Members or Officers

Name	FICO	Bankruptcy Watch	Credit History Since	Chex-Systems
ROYDON NELSON	750	700	Feb-00	<input type="checkbox"/> Yes, Record
				<input type="checkbox"/> Yes, Record
				<input type="checkbox"/> Yes, Record

Notes and Comments:

JAKE C IS THE BA

THIS MEMBER IS GOING TO USE ONE ALKAMI USER NAME DigitalLicensing, 2 additional locations

They will have access to ACH PAYMENT AND DOMESTIC WIRES: [REDACTED] 4754 AND [REDACTED] 7865

Member will also have Check and ACH Positive Pay added to all 3 accounts.



Online Business Banking
Optional Services Analysis

Account [REDACTED] 2717

Analyst JAMES WUEST


Business Name	DIGITAL LICENSING INC	
Date of Organization	3/18/2021	
EIN	[REDACTED]	

Exposure Risk	Expected 60 Day Volume	Total Exposure
ACH Debit	\$ 0	\$ -

Calculated Processing Limits	Daily	Monthly
Payroll	\$ -	
ACH Credit	\$ 400,000	
Domestic Wire	\$ 1,200,000	
International Wire	\$ 400,000	
ACH Debit	\$ -	\$ 0

Warnings

Additional Requirements	
Exposure exceeds Balance Sheet Equity	<input type="checkbox"/> Check if Req'd by Committee
	<input type="checkbox"/> Check if Req'd by Committee
	<input type="checkbox"/> Check if Req'd by Committee
	<input type="checkbox"/> Check if Req'd by Committee
	<input type="checkbox"/> Check if Req'd by Committee

This application requires ONE signature		Approved Processing Limits	
DocuSigned by:		Daily Payroll Limit	
	2/23/2023	Daily ACH Credit Limit	\$400,000.00
Business Services Signature	Date	Daily Domestic Wire Limit	\$1,200,000.00
		Daily Int'l Wire Limit	\$400,000.00
		Monthly ACH Debit Limit	



CERTIFICATION OF BENEFICIAL OWNERS

This Certification is incorporated with a previously executed Depository Resolution and Agreement for the Company

Persons opening an account on behalf of a legal entity must provide the following information:

A: NAME & TITLE OF NATURAL PERSON OPENING ACCOUNT

(Please print in black ink or type)

Name JOSEPH MARTINEZ Title Managing Member

B: NAME & ADDRESS OF LEGAL ENTITY FOR WHICH THE ACCOUNT IS BEING OPENED

Proprietor/Business/Organization Name IX GLOBAL

DBA Name (for all Proprietors and for LLCs or Corporations using a DBA name) _____

Street Address [REDACTED] City NORTH SALT LAKE State UT Zip [REDACTED]

C: OWNERSHIP INFORMATION

(The following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the legal entity above. If no individual meets this definition, please write "Not Applicable.")

Name	Date of Birth	Address (Residential or Business Street Address)	Tax ID Number: Social Security or ITIN	ID Type, Issuer, Number, Issue Date, and Expiration Date
JOSEPH MARTINEZ	[REDACTED]	[REDACTED]	[REDACTED]	State Drivers License UT [REDACTED] [REDACTED]

D: INDIVIDUAL WITH SIGNIFICANT RESPONSIBILITY FOR MANAGING THE LEGAL ENTITY

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

Name	Date of Birth	Address (Residential or Business Street Address)	Tax ID Number: Social Security or ITIN	ID Type, Issuer, Number, Issue Date, and Expiration Date
JOSEPH MARTINEZ	[REDACTED]	[REDACTED]	[REDACTED]	State Drivers License UT [REDACTED] [REDACTED]

I, JOSEPH MARTINEZ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided is complete and correct.

Should any of the beneficial ownership information change it is required for the current ownership to provide updates to Mountain America Federal Credit Union.

Signature: [Signature] Date: 03/02/2023

CREDIT UNION AUTHORIZATION: (to be signed by a Credit Union employee)

I have personally reviewed the most recent Depository Resolution and Agreement or subsequent Change Current Principals dated _____ and verified that the person authorizing this Certification is named by the Company on that document as a Principal.

[Signature] 03/02/23
Signature of Credit Union Employee Date

3906
Teller #



For CU Use Only

Account Number **20736**Branch **015** Date **03/02/2023**

MOUNTAIN AMERICA FEDERAL CREDIT UNION: BUSINESS DEPOSITORY ACCOUNTS AUTHORIZED SIGNER (SIGNATURE CARD)

This Signature Card is incorporated with a previously executed Depository Resolution and Agreement for the Company

(Please print in black ink or type)

Business/Organization Name IX GLOBAL		Account Number 20736	
Name JOSEPH MARTINEZ	SSN [REDACTED]	DOB [REDACTED]	Home Phone [REDACTED]
Home Address [REDACTED]		Email Address [REDACTED]	
No P.O. Boxes or mail services, please			
City NORTH SALT LAKE	State UT	Zip [REDACTED]	
Title Managing Member	ID Type <input checked="" type="checkbox"/> Driver License, or <input type="checkbox"/> Other [REDACTED] ID Issuer UT ID Number [REDACTED] Specify [REDACTED] ID Issue date [REDACTED] ID Expiration [REDACTED]		
Mobile/Work Phone [REDACTED]			

AGREEMENT AND CERTIFICATION:

By signing below you certify that the business/organization does not engage in internet gambling activities. You authorize Mountain America Federal Credit Union ("Credit Union") to obtain reports from consumer reporting agencies and other information it considers appropriate from time to time. You agree that the Credit Union may retain this form, the additional documentation provided as required by the Credit Union, and any other information the Credit Union receives. Signing below constitutes an agreement to conform to the Credit Union bylaws as well as all applicable terms and conditions set forth in the Membership Agreement, together with any schedules or addendums, receipt of which is hereby acknowledged and which is incorporated by this reference.

A completed Depository Resolution and Agreement ("Resolution") will be required for all entities or organizations in connection with establishing an account. Each person signing below agrees that the incorporated Resolution, and amendments if applicable, in connection with this Signature Card, shall only govern the account set forth above.

AUTHORIZED SIGNATURE:

You acknowledge that you are duly authorized to act with respect to the account, and the Credit Union is authorized to act in those matters as specified in the incorporated Resolution relating to the account until the Credit Union receives written instructions to the contrary from a Principal identified on the incorporated Resolution. Your authority to act with regard to the account may be revoked at any time by the Company. This Signature Card shall apply to all depository services obtained on this account now or in the future.

x **[REDACTED]** **03/02/2023**
Signature of Authorized Signer (person named above) Date

The Company Authorization below must be signed by a Principal in the presence of a Credit Union employee or Notary Public.

DO NOT SIGN THE COMPANY AUTHORIZATION UNTIL INSTRUCTED BY THE CREDIT UNION EMPLOYEE OR NOTARY!

COMPANY AUTHORIZATION: (to be signed by a current Principal as recorded on the Resolution previously executed by the Company)

By signing below you certify that the person listed above is authorized by the Company to conduct transactions on the account designated and in accordance with Resolution previously executed by the Company and that you witnessed the person sign this document.

x **[REDACTED]** **03/02/2023** **[REDACTED]**
Signature of Principal (corresponds to a Principal listed on Resolution) Date Name of Principal

State of **[REDACTED]**
County of **[REDACTED]** } \$

On this ____ day of ____, 20____, personally appeared before me, **[REDACTED]**, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed as Principal above, and acknowledged that he/she executed the same.

S
E
A
L

[REDACTED] Notary Public
[REDACTED] Commission Expires

CREDIT UNION AUTHORIZATION: (to be signed by a Credit Union employee)

I have personally reviewed the most recent Depository Resolution and Agreement or subsequent Change Current Principals dated **03/02/2023** and verified that the person authorizing this Signature Card is named by the Company on that document as a Principal. I authorize the addition of the Authorized Signer on behalf of the Credit Union. If not notarized, I have verified the identity and witnessed the Principal sign this card to allow the addition of the Authorized Signer.

x **[REDACTED]** **03/02/2023** **3906**
Signature of Credit Union Employee Date Teller #

☐ ChexSystems Verified (new signers)



For CU Use Only

Account Number

2

Branch

015

Date

03/02/2023

Approved by #

3906

Initials

MOUNTAIN AMERICA FEDERAL CREDIT UNION: BUSINESS DEPOSITORY ACCOUNTS DEPOSITORY RESOLUTION & AGREEMENT

GENERAL BUSINESS/ORGANIZATION INFORMATION

(Please print in black ink or type)

Proprietor/Business/Organization Name IX GLOBAL (the "Company") Email Address [REDACTED]DBA Name (for all Proprietors and for LLCs or Corporations using a DBA name) [REDACTED]Street Address [REDACTED] Business Taxpayer Identification Number (SSN/EIN) [REDACTED]City NORTH SALT LAKE State UT Zip [REDACTED] Office Phone [REDACTED]Mailing Address (if different) [REDACTED] Date of Organization 09/21/2020What is the primary nature (function) of this business? SALES AND MARKETKING Annual Sales \$ [REDACTED]

Business Type (Check only one)

☒ Sole Proprietorship (one owner) ☐ Partnership ☐ Limited Liability Company ☐ Single Member - Limited Liability Company ☐ Corporation
☐ Government Entity ☐ Incorporated Non-Profit Organization ☐ Unincorporated Association (e.g. associations, clubs, groups, etc.)
Special Account Types: ☐ IOLTA ☐ UARHOF ☐ Real Estate TrustCheck here if this is a change to an existing account. ☒Check here if this business is 50% or more women owned. ☐

How does this business/organization qualify for membership? (Check

 One) ☐ Entity is SEG sponsor, or
☐ All owners are eligible for membership
☐ Business is located in SL County

Each person signing this document certifies that he/she is a duly elected, qualified and acting Secretary (for Corporations and Associations), Manager or Managing Member (for LLCs), General Partners (for Partnerships), or an Owner (for Proprietorships), empowered to act on behalf of the Company named above, which Company is organized and existing under the laws of the state of Utah and that the following is a true and accurate copy of a resolution adopted by the legal entity on the 02 day of March 2023 and that such resolutions are now in full force and effect.

"RESOLVED, that Mountain America Federal Credit Union, of West Jordan, Utah ("Credit Union") is hereby designated as a depository in which the funds of the Company may, from time to time, subject to the membership agreements, regulations and by-laws of the Credit Union, be deposited by any of its officers, agents or employees; and that any officer, agent or employee of this Company is hereby authorized on behalf of the Company, which endorsement may be in writing, by stamp, or otherwise, with or without designation or signature of the person so endorsing, it being understood that on all such items all prior endorsements are guaranteed by the Company, irrespective of the lack of an express guarantee in the endorsement of the Company. The Credit Union may accept any instrument for deposit to any depository account of the Company without endorsement or may supply the endorsement.

FURTHER RESOLVED, that the Credit Union is hereby authorized to pay or otherwise honor and pay and charge to the accounts of the Company any checks, notes, or other orders for the payment, or withdrawal of any such funds when executed in the name of the Company and signed by any authorized signatory ("Authorized Signer") designated by the Company on any of the Business Account Authorized Signer Signature Cards. Authorized Signers shall have authority to conduct transactions on any of the individual depository shares associated with the account where normal deposits and withdrawals are allowed. The Credit Union is also authorized to honor instructions for the internal transfer of funds between different accounts of the Company without written authorization.

FURTHER RESOLVED, that the disposition of the account, or any of the associated individual depository shares including adding or deleting Authorized Signers must be authorized by one of the principals, designated in this resolution. A principal ("Principal") is an Officer (for Corporations or Associations), a Manager or Managing Member (for LLCs), a General Partner (for Partnerships), or an Owner (for Proprietorships). Principals must also be Authorized Signers on the account. The Secretary, Manager, Managing Member, Proprietor or General Partner, as the case may be is hereby authorized and directed from time to time to furnish the Credit Union statements of the names of the then Principals of the Company who are authorized to act under this resolution and Credit Union shall be entitled to rely upon such statement until it receives a later statement of such person or persons changing such names. The Company will provide a certification to the current Principals and/or additional documentation at any time prior to the Credit Union allowing changes to the account or the involuntary removal of equity owners as Principals.

FURTHER RESOLVED, that Credit Union be and is hereby authorized to comply with any process, summons, order, injunction, execution, distraint, levy, lien, or notice of any kind (hereinafter called "Process") received by or served upon Credit Union, which in Credit Union's opinion affects any and all of the Company's deposit accounts with Credit Union, and Credit Union may, at its option and without liability, thereupon refuse to honor orders to pay or withdraw sums from any and all of the Company's deposit accounts and may either hold the balance therein until Process is disposed of to Credit Union's satisfaction, or to pay the balance over to the source of the Process.

FURTHER RESOLVED, that the Company assumes full responsibility and holds harmless Credit Union for any and all payments made or any other actions taken by Credit Union in reliance upon the signatures, including facsimiles thereof, of any person or persons identified as an Authorized Signer on any signature card(s) delivered by the Company to Credit Union from time to time, regardless of whether or not the facsimile signature was unlawful or unauthorized and regardless of by whom or by what means the purported signature or facsimile signature may have been affixed to the instrument if such signatures reasonably resemble the specimen or facsimile signatures as provided to Credit Union, or for refusing to honor any signatures not provided to Credit Union, and that the Company agrees to indemnify Credit Union against any and all claims, demands, losses, costs, damages or expenses suffered or incurred by Credit Union resulting or arising out of any such payment or other action.

FURTHER RESOLVED, that the Company authorizes the issuance of Visa Check (Debit) Cards in the name of the Company which will be provided to the Authorized Signers. You agree to notify the Credit Union immediately upon the termination of any person who has been issued a Visa Check Card. The Company will be fully obligated for the payment of all authorized transactions conducted by the cardholders and any related fees.

FURTHER RESOLVED, that the Credit Union shall not be liable for any direct or consequential loss (including damages, claims, lawsuits, costs, expenses, and attorney fees), the Company may incur as a result of any improper, unlawful or dishonest act by Authorized Signers or Principals, except as may be caused by Credit Union's gross negligence or unlawful act.

FURTHER RESOLVED, this resolution shall continue in full force and effect until written notice of revocation has been duly received by Credit Union and Credit Union has had reasonable opportunity to act thereon."

IN WITNESS WHEREOF, each person signing below further certifies that he/she has received authority to engage in such action for the Company and that there are no provisions in the Articles of Incorporation, as amended to date, or the Operating Agreement, as amended to date, or the by-laws of the Company limiting the power of the undersigned to enact the foregoing resolution and that the same is in conformity with the provisions of said Articles of Incorporation, Operating Agreement, or By-laws.

Each such person hereby makes application for a business/organization account and membership in the Credit Union and certifies that as applicable, that the Company meets the requirements for membership at the Credit Union and that the Company does not engage in internet gambling activities, is not a prohibited business, listed on the Credit Union's Restricted Business List, and is not a Money Service Business (MSB). Each such person certifies that all steps necessary to formally establish the Company referenced have been executed. Each such person agrees to provide Credit Union with a copy of documents, supporting entity creation, prior to opening the account.

The undersigned further certifies that the following are the names and signatures of the present Principals of said Company. Principals not listed on this resolution, or any amendments, will not be recognized as Principals for the purposes permitted in this resolution. Amendments may require additional documentation to substantiate involuntary removal of equity owner Principals.

List only officers (for Corporations or Associations), Managers or Managing Members (for LLCs), General Partners (for Partnerships), or an Owner (for Proprietorships). Only Principals may authorize the addition or deletion of Authorized Signers. Authorized Signers shall be designated on additional documents.

Name	Title	
JOSEPH MARTINEZ	Managing Member	<input checked="" type="checkbox"/> Check if Equity Owner
		<input type="checkbox"/> Check if Equity Owner
		<input type="checkbox"/> Check if Equity Owner
		<input type="checkbox"/> Check if Equity Owner
		<input type="checkbox"/> Check if Equity Owner

Given under my hand this 02 day of March, 2023.

For Corporations or Unincorporated Associations or Government:

*
Signature Secretary

Name of Secretary

For an LLC:

*
Signature Manager or Managing Member

Name of Manager or Managing Member

For a Sole Proprietorship:

*
Signature Proprietor/Owner

Name of Proprietor

For a Partnership: (all general partners must sign)

*
Signature General Partner

Name of General Partner
*
Signature General Partner

Name of General Partner
*
Signature General Partner

Name of General Partner
*
Signature General Partner

Name of General Partner

SUBSTITUTION of IRS FORM W-9

TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN).

OR

For most other entities, it is your employer identification number (EIN). If you do not have a TIN you may write "Applied For" in the space for the TIN. "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Social security number

- -

Employer identification number

CERTIFICATION

Under penalties of perjury, I certify that:

☐ Check if Exempt from backup withholding

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien)

Certification Instructions. You must check here ☐ and cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Signature of U.S. Person →

Date → 03/02/2023



200 E South Temple
Salt Lake City, Utah 84111
(801) 320-2600

Commercial Membership Application & Agreement

Business Name BUSINESS FUNDING SOLUTIONS, LLC		Account Number 5607	Br. No. 08
Account Type(s): <input checked="" type="checkbox"/> Base Savings <input checked="" type="checkbox"/> Business Basic Checking <input type="checkbox"/> Non-Profit Checking <input type="checkbox"/> Business Advantage Checking <input type="checkbox"/> Business Sweep Checking <input type="checkbox"/> Business Money Market <input type="checkbox"/> Business Certificate (term) _____			
Business Classification: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input checked="" type="checkbox"/> Limited Liability Company/PLLC <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> _____			

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an Account.

What this means for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver license or other identifying documents.

Account Owner Information

Member Eligibility

Business Name BUSINESS FUNDING SOLUTIONS, LLC		Business License No./Exp. Date --/--/----		Years Established 38
Business Address 1086 E Skyler Dr	Apt/Box	City Draper	State UT	Zip 84020
Mailing Address	Apt/Box	City	State	Zip
Business Telephone Number	Mobile Telephone Number	Business Fax Number	Business E-Mail Address info@fundyouerein.com	
Social Security Number /Employer Identification Number		Contact(s)	Business Annual Income 0.00	

Business Owner/Officer 1 Information

Member Eligibility

First Jason	Last Anderson	M.I.	Suffix	Title	
Address [REDACTED]	Apt/Box	City Draper	State UT	Zip [REDACTED]	
Home Telephone	Mobile Telephone Number	Business Telephone	E-Mail Address [REDACTED]n		Birth Date [REDACTED]
Social Security Number	Driver License Number/State/Exp. Date UT		Employer		Annual Income

Business Owner/Officer 2 Information

Member Eligibility

First	Last	M.I.	Suffix	Title	
Address	Apt/Box	City	State	Zip	
Home Telephone	Mobile Telephone Number	Business Telephone	E-Mail Address		Birth Date
Social Security Number	Driver License Number/State/Exp. Date		Employer		Annual Income

Business Owner/Officer 3 Information

Member Eligibility

First	Last	M.I.	Suffix	Title	
Address	Apt/Box	City	State	Zip	
Home Telephone	Mobile Telephone Number	Business Telephone	E-Mail Address		Birth Date
Social Security Number	Driver License Number/State/Exp. Date		Employer		Annual Income

Business Owner/Officer 4 Information

Member Eligibility

First	Last	M.I.	Suffix	Title	
Address	Apt/Box	City	State	Zip	
Home Telephone	Mobile Telephone Number	Business Telephone	E-Mail Address		Birth Date
Social Security Number	Driver License Number/State/Exp. Date		Employer		Annual Income

VISA Check Card/NetTeller/Cash Management/Mobile Banking

You are requesting the convenience of 24-hour access to Your Utah First Federal Credit Union Account, in conjunction with a Personal Identification Number (PIN) or Access Code. Your Card will allow You to use a number of Automated Teller Machine (ATM) and COOP networks, including the Credit Union's ATM machines and will also allow You to pay for services and purchases directly from Your checking account. You would like:

☒ VISA Check Card ☒ NetTeller ☐ Cash Management ☒ Mobile Banking

Name on Card 1: Jason Anderson Name on Card 2: _____
Name on Card 3: _____ Name on Card 4: _____

Request to Receive Electronic Documentation (Including E-Statements)

☐ If this box is checked, You request that We provide documentation to You electronically according to the Consent to Receive Electronic Documentation Disclosure, which You acknowledge that You have read, You understand and You agree to its terms. Your consent to receive electronic documentation will not be effective unless and until You electronically affirm Your consent with the Credit Union in a manner that demonstrates Your ability to receive such documentation in electronic form.

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify that: (1) The number shown on this form is Your correct taxpayer identification number (or You are waiting for a number to be issued to You), and (2) You are not subject to backup withholding because: (a) You are exempt from backup withholding, or (b) You have not been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified You that You are no longer subject to backup withholding; (3) You are a U.S. citizen or other U.S. person (defined below); and (4) You are exempt from FATCA reporting.

Certification instructions. You must cross out item 2 above if You have been notified by the IRS that you are currently subject to backup withholding because You have failed to report all interest and dividends on Your tax return.


Definition of a U.S. person. For federal tax purposes, You are considered a U.S. person if You are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in IRS Regulations 26 CFR § 301.7701-7).

Foreign person. If You are not a U.S. person and are a foreign person, do not use this certification. Instead, use Form W-8 (Withholding of Tax on Nonresident Aliens and Foreign Entities) which can be obtained from a Credit Union representative or the IRS.

Authorized Signers

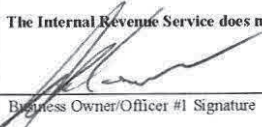
Unless We receive written instructions to the contrary, the following are authorized to deposit and withdraw funds from each Account established under this application and transact any other business related to such Accounts now or in the future. Utah First Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below.

Name	Title	Driver's License Number / State
<u>Jason Anderson</u>	<u>Member</u>	<u>/UT</u>
Signature: 	_____	_____
Signature: _____	_____	_____
Signature: _____	_____	_____
Signature: _____	_____	_____

Signatures

You hereby apply for membership with Utah First Federal Credit Union. You warrant that You are authorized to apply for such membership and establish such Account(s), and You further warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Utah First Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the Agreements and Disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a primary Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition or deletion of Authorized Signer(s) of Your Account(s). Your signature below is Your continuing authorization for Utah First Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

	<u>05/31/2018</u>	Business Owner/Officer #2 Signature	Date
Business Owner/Officer #1 Signature	Date	Business Owner/Officer #4 Signature	Date
Business Owner/Officer #3 Signature	Date		

Credit Union Use Only



200 E South Temple
Salt Lake City, Utah 84111
(801) 320-2600

211

Deposit Resolution/Authorization

☐ Corporate / Association Resolution

I, the undersigned Secretary of _____, a ☐ Corporation; ☐ Association (the "Entity"), hereby certify that at a meeting of the Board of Directors, duly called and held in accordance with its charter and by-laws on _____, at which a quorum was present and voting throughout, by unanimous written consent of the Board of Directors, dated _____, the following Resolutions were adopted in accordance with its charter, by-laws, and applicable law and that said Resolutions have not been altered, amended or rescinded and are now in full force and effect:

"RESOLVED

1. That the ☐ President ☐ Vice President ☐ Treasurer ☐ Secretary and _____ of this Entity, or any of them are hereby authorized in the name and on behalf of this Entity from time to time to deposit, withdraw and/or transfer funds on deposit from Utah First Federal Credit Union, and transact any other business with the Credit Union incidental to the powers herein above granted. The Credit Union shall be under no obligation to see to the application of funds in any case whatsoever.
2. Any action heretofore taken by any officer of this Entity with respect to any of the matters stated above is hereby ratified and confirmed.
3. That the Secretary is hereby directed to file with the Credit Union a certified copy of these Resolutions and a list of the persons, together with specimens of their signature, who are the present holders of the said offices who shall continue respectively to hold the same until otherwise notified in writing by the Secretary.
4. That these Resolutions, insofar as said Credit Union is concerned, shall continue in full force and effect until receipt by said Credit Union of written notice from the Secretary of the changes, if any, therein."

I hereby further certify that the above Resolutions do not conflict with the provisions of its charter or its by-laws, and that the present holders of the offices referred to in the foregoing Resolutions and their specimen signatures are set forth below.

Name (Typed)

Title (Typed)

Officer's Specimen Signature

Name (Typed)	Title (Typed)	Officer's Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Unless We receive written instructions to the contrary, the following employees are also authorized to deposit and withdraw funds from each Account established by You and transact any other business related to such Accounts now or in the future. Utah First Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below.

Name (Typed)

Title (Typed)

Employee's Specimen Signature

Name (Typed)	Title (Typed)	Employee's Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Authorization for Partnership Transactions

The following agreements and authorizations are continuing and are to apply to all present and future transactions of the Partnership to the Credit Union. As members of said Partnership You jointly and severally represent to and agree with the Credit Union that You are the owners of and the only ones interested in a Partnership business ("Partnership") conducted by You as partners under the firm name of _____ at _____ and that said business is not incorporated and that a Certificate of Fictitious or Assumed Name of said Partnership has been filed if required by law. It is agreed that any one of You shown below are authorized by, on behalf and in the name of this Partnership to: (a) deposit, withdraw and/or transfer funds on deposit from the Credit Union; and (b) transact any other business with the Credit Union incidental to the powers herein above granted. The Credit Union shall be under no obligation to see to the application of funds in any case whatsoever. The foregoing authorizations are continuing and are to remain in effect as to all transactions entered into until the Credit Union receives, at the place designated by the Credit Union, written notice to the contrary signed by one of You.

Partnership Signature

Date

Partnership Signature

Date

Partnership Signature

Date

Unless We receive written instructions to the contrary, the following employees are also authorized to deposit and withdraw funds from each Account established by You and transact any other business related to such Accounts now or in the future. Utah First Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below.

Name (Typed)

Title (Typed)

Employee's Specimen Signature

Name (Typed)	Title (Typed)	Employee's Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ **Authorization for Sole Proprietorship Transactions**

The following agreements and authorizations are continuing and are to apply to all present and future transactions of the Sole Proprietorship to the Credit Union. As owner of said Sole Proprietorship You represent to and agree with the Credit Union that You are the sole owner of and the only one interested in such Sole Proprietorship ("Sole Proprietorship") conducted by You as owner(s) under the firm name of _____ at _____ and that said business is not incorporated and that a Certificate of Fictitious or Assumed Name of said Sole Proprietorship has been filed if required by law. You are authorized on behalf and in the name of this Sole Proprietorship to: (a) deposit, withdraw and/or transfer funds on deposit from the Credit Union; and (b) transact any other business with the Credit Union. The Credit Union shall be under no obligation to see to the application of funds in any case whatsoever. The foregoing authorizations are continuing and are to remain in effect as to all transactions entered into by You.

Sole Proprietorship Signature Date

Unless We receive written instructions to the contrary, the following employees are also authorized to deposit and withdraw funds from each Account established by You and transact any other business related to such Accounts now or in the future. Utah First Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below.

Name (Typed)	Title (Typed)	Employee's Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☒ **Limited Liability Company Resolution**

The undersigned members of Business Funding Solutions, LLC, a limited liability company ("Company"), validly organized and operating as required by law, hereby certify to _____, ("Credit Union"), that the following is a true and correct copy of a resolution duly adopted at a meeting of all members of the Company, or all of the individuals appointed by the members to manage the Company ("Managers"). This Resolution was adopted on 05/31/18.

"RESOLVED:


That the undersigned certifying this Resolution is hereby authorized and directed to certify this Resolution, and that the provisions contained therein conform to and are in accordance with, the Company's articles of organization and operating agreements, and to provide the names and specimen or facsimile signatures, if requested by the Credit Union, of the individuals authorized below.

That the Credit Union may rely upon the certification as to such members or Managers authority to execute this Resolution and make the representations within this Resolution.

That all Managers or members of the Company whose signatures appear below, or any _____ of them are authorized for and on behalf of the Company to do anything necessary or required: (1) deposit, withdraw and/or transfer funds on deposit from the Credit Union; and (2) transact any other business with the Credit Union incidental to the powers herein above granted. The Credit Union shall be under no obligation to see to the application of funds in any case whatsoever."

That notwithstanding any modification or termination of the power of any Manager or member to represent the Company, this Resolution shall remain in full force and effect and bind the Company and its legal representatives, heirs, or the Company's successors or assigns until written notice to the contrary signed by or on behalf of all Managers or members is received by the Credit Union, and that receipt of such notice shall not affect any prior action taken by the Credit Union in reliance on this Resolution. If such notice is received by the Credit Union, then the Credit Union may, at their sole discretion, continue to rely on this Resolution as modified by such notice, or refuse to conduct further transactions and require delivery of a new Resolution of Limited Liability Company.

That notwithstanding any of the provisions of the Resolution, and the knowledge of the Credit Union of the dissolution of the Company, the Credit Union may continue to honor any remaining signature certified by this Resolution, unless the Credit Union has received written notice signed by or on behalf of all Managers or members that the Credit Union should not continue to honor such signatures.

Name (Typed)	Title (Typed)	Specimen Signature
<u>Jason Anderson</u>	<u>Member</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the foregoing are the titles, names and genuine signatures of the present Managers and members of the Company authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name on _____.

X _____
Signature Title

Unless We receive written instructions to the contrary, the following employees are also authorized to deposit and withdraw funds from each Account established by You and transact any other business related to such Accounts now or in the future. Utah First Federal Credit Union is authorized to pay out funds and/or transact any other business related to such Accounts with any one of the signatures below, and is further authorized to accept a facsimile of any signature below.

Name (Typed)	Title (Typed)	Employee's Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



SIGNATURE CARD - BUSINESS

ACCOUNT TITLE: CALMFRITZ HOLDINGS LLC	
ADDRESS: 10081 S ROCKVIEW DR	TIN: [REDACTED] PHONE: (801) 554-6955
CITY: SANDY STATE: UT ZIP: 84092-4163	
TYPE OF BUSINESS: Limited Liability Company	
TYPE OF ACCOUNT: Silver Business Checking	
OWNERSHIP: Limited Liability Company	
Account Holder Name(s) CHADWICK CALMES, JOO MATTHEW DILLION FRITZSCHE, JOO MONICA M CALMES, SWL	Account Number [REDACTED] 74054
DATE OPENED: 07/14/2022 TIME OPENED: 02:51 PM OPENED BY: Ruth C Lake OFFICE: 03904	
<p>Certification: Under penalties of perjury, I certify that:</p> <p>(1) [REDACTED] is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and</p> <p>(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</p> <p>(3) I am a U.S. Citizen or other U.S. person, and</p> <p>(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</p> <p>Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to back up withholding because you have failed to report all interest and dividends on your tax return. For real estate transaction, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividend you are not required to sign the Certification, but you must provide your correct TIN.</p> <p>The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.</p>	
E-SIGNED 07/14/2022 by CHADWICK CALMES 	
CHADWICK CALMES Date:	
<p>Terms And Conditions: The bank is hereby authorized to recognize the signature(s) subscribed below in the payment of funds or the transaction of any business for this account. All transactions shall be governed by applicable laws and the bank's terms (copy acknowledged as received herewith) that pertain to the type of account and style of ownership indicated on this card. Upon request of the bank, any consumer reporting agency is hereby instructed to furnish a consumer report relating to the undersigned to the bank. Refer to resolution file for authorization of signatures where authorization is required.</p> <p>By signing this signature card, you are also acknowledging your express consent to the terms and conditions in your applicable account agreement, including but not limited to our policies on funds availability and our cellular phone contact policy.</p>	
E-SIGNED 07/14/2022 by CHADWICK CALMES 	E-SIGNED 07/14/2022 by MATTHEW DILLION FRITZSCHE
CHADWICK CALMES Date:	MATTHEW DILLION FRITZSCHE Date:
E-SIGNED 07/14/2022 by MONICA M CALMES 	
MONICA M CALMES Date:	





RESOLUTION OF LIMITED LIABILITY COMPANY

Authority to open accounts, make deposits, and withdraw funds

Account Numb [REDACTED] 74054

I, CHADWICK CALMES, HEREBY CERTIFY:

- I am the duly elected, qualified and acting Secretary, Manager or Authorized Member of the limited liability company named *CALMFRITZ HOLDINGS LLC ("Company"), which is organized, validly existing, and in good standing under applicable laws.
- As of 07/14/2022 (date), this resolution is duly authorized, in full force and effect, and has not been amended or rescinded.
- The following individuals are designated as authorized agents of the Company. The authorities granted by this resolution have not been revoked, modified, annulled or amended in any manner whatsoever. Any authority granted shall remain in full force and effect until revoked in writing by the Company.

AGENTS AUTHORIZED TO ACT ON BEHALF OF COMPANY

Additional individuals and their signatures may be noted on an attachment, if required.

NAME / TITLE

SIGNATURE SPECIMEN

CHADWICK CALMES,
OWNER

E-SIGNED 07/14/2022 by CHADWICK CALMES


MATTHEW DILLION FRITZSCHE,
OWNER

E-SIGNED 07/14/2022 by MATTHEW DILLION FRITZSCHE


MONICA M CALMES,
SIGNER

E-SIGNED 07/14/2022 by MONICA M CALMES




RESOLUTION OF LIMITED LIABILITY COMPANY (CONTINUED)

Authority to open accounts, make deposits, and withdraw funds

IT IS RESOLVED THAT:

- U.S. Bank, N.A. ("Bank") is designated as a depository of the Company.
- The authorized agents of the Company shall have the authority to:
 - **DEPOSIT** the funds of the Company into the above-referenced account(s) subject to the present and future account terms and conditions.
 - **WITHDRAW** the funds of the Company through any and all types of transactions (including but not limited to: executing checks, drafts, bills of exchange, acceptances, wires, funds transfers and other instruments and orders for the payment of money). This authority includes any and all transactions drawn to the individual order of an authorized agent and/or deposited into the individual account of such authorized agent.
 - **PROVIDE** instructions with respect to the account(s) of the Company and enter into agreements relating to the account(s) of the Company on behalf of the Company upon such terms and conditions as he or she may deem appropriate.
 - **APPLY** for and receive loans, lines of credit, and letters of credit on behalf of the Company, including making pledges for property belonging to the Company as security to the Bank, and to execute and deliver any and all notes, agreements or other documents necessary for such borrowing or security on behalf of the Company.
- The Bank is authorized to honor the facsimile or mechanical signature of any and all authorized agents. A facsimile or mechanical signature is presumed valid regardless of by whom or what means the facsimile signature may have been affixed as long as the facsimile signature reasonably resembles the signature specimen of the authorized agent. Company indemnifies and holds the Bank harmless from any and all claims and liabilities arising from any transaction bearing a facsimile signature as authorized in this resolution.

IN WITNESS WHEREOF, this Resolution of the Company has been executed on 07/14/2022 (date).

E-SIGNED 07/14/2022 by CHADWICK CALMES



CHADWICK CALMES
(Secretary / Member / Manager)

Date





**Master Business Deposit Account
Signature Card**

I. ACCOUNT INFORMATION

Select One: ☐ New Account ☒ Replace Existing Signature Card

Primary Account Owner Name: Blox Lending LLC

Account Owner Address:

[REDACTED]
Lewes, DE, [REDACTED]

Account Owner Phone:

[REDACTED]

☒ Accounts on attached **Exhibit A**

Primary Account Owner TIN:

[REDACTED]

☐ Shared TIN

II. AFFILIATED ENTITY

Affiliated Entity Account Owner Name

TIN

☐ Additional affiliated entities listed on attached **Exhibit B**

III. ACCOUNT OWNER AUTHORIZATION AND AGREEMENT

By signing below, the account owner(s) listed above, including any affiliated entities listed in Section II and any attached Exhibit B ("Client") authorizes WaFd Bank ("Bank"), at its discretion, to open one or more business or non-personal deposit accounts owned by Client and with the Authorized Signers specified the Section V list of Authorized Signers ("Authorized Signers"), and upon receipt of electronic, written or oral instructions from Client without obtaining an additional Signature Card ("Accounts"). Accounts opened hereunder are listed above and on the attached Exhibit A, which is made a part of this Signature Card, as such Exhibit A may be amended or supplemented by Client from time to time. Addition of a new account to Exhibit A or new entity to Exhibit B will only be effective when Bank receives an amendment to Exhibit A or B in a form acceptable to Bank in its sole discretion. Changes to Authorized Signers will only be effective when Bank receives an amendment to Section V in a form acceptable to Bank in its sole discretion. Client acknowledges and agrees that all Accounts opened under this Signature Card are governed by the terms and conditions of the Business Deposit Account Agreement and Disclosures ("Agreement") and fee schedules ("Fee Schedules") governing the Accounts, and any agreements and disclosures covering banking services used by Client, all as may be amended by Bank. By signing below, Client acknowledges receipt of the Agreement and Fee Schedules.

Client authorizes Bank to operate all current and future Accounts opened under this Signature Card. The authority to operate each Account includes: (i) to act upon instructions from any Authorized Signers to deposit, withdraw or transfer funds to or from any other Accounts; (ii) to recognize and honor the signature of any of the Authorized Signers on checks (if withdrawal by check is permitted) and withdrawal slips and honor any other electronic, written or oral requests for withdrawals or transfers of funds; and (iii) to act upon instructions from any Authorized Signer for the transaction of any business on any Accounts covered by this Signature Card. Bank may rely on this authorization for the Accounts opened under this Signature Card until Bank receives written notice revoking the authorization and has reasonable time to act upon it. Until such notice is actually received, the authority conferred herein to the Authorized Signers will remain in full force.

The individual signing below certifies that he or she is authorized to act on behalf of Client and that any resolutions, agreements, or other documents provided to Bank as evidence of the authority of Client or its Authorized Signers to act on behalf of Client are true and correct copies and are still in full force and effect.

Signature

Date

5-12-22 Jason Anderson, Managing Member

Printed Name and Title

IV. BACKUP WITHHOLDING CERTIFICATION

☐ W9 on File ☐ W-8BENE on File (Foreign entity only)

Or

Under penalties of perjury I certify that:

- ☒ The employer identification number or social security number shown on this form for this account owner is correct (or the account owner is waiting for a number to be issued)
- ☒ The account owner is not subject to backup withholding because (a) the account holder is exempt from backup withholding, (b) the account holder has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the account owner that it is no longer subject to backup withholding;
- ☒ The account owner is a United States entity/person

The term "United States person" means a citizen or resident of the United States, a partnership, corporation, company or association created or organized in the United States or under the laws of the United States, or any estate or trust other than a foreign estate or trust.

Signature

Date

5-12-22

Jason Anderson, Managing Member

Printed Name and Title

Attention New Customers: The information you provide to open a new Account is subject to the Bank's review and verification. Bank reserves the right to close an Account in the event we are unable to verify the information that you have provided.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT — To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In addition, authorized account signers may be asked to provide identification to verify their identity.

FOR BANK USE ONLY

Date: 05/12/2022

Branch #: 1151

Employee Initials: ME



**Master Business Deposit Account
Signature Card**

Primary Account Owner: Blox Lending LLC

V. AUTHORIZED SIGNERS

Authorized Signer Name and Title: Jason Anderson- Managing Member

Update: ☒ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☒ All Entities ☐ List Entities: _____

☒ All Accounts ☐ List Accounts: _____

**Authority: E

Signature: [Signature]

Authorized Signer Name and Title: Jacob Anderson- ~~Member~~ Authorized signer

Update: ☒ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☒ All Entities ☐ List Entities: _____

☒ All Accounts ☐ List Accounts: _____

**Authority: E

Signature: [Signature]

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☐ All Entities ☐ List Entities: _____

☐ All Accounts ☐ List Accounts: _____

**Authority: _____

Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☐ All Entities ☐ List Entities: _____

☐ All Accounts ☐ List Accounts: _____

**Authority: _____

Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☐ All Entities ☐ List Entities: _____

☐ All Accounts ☐ List Accounts: _____

**Authority: _____

Signature: _____

☐ Check box if additional signatures are on an additional page.

* Note whether individual is Authorized Signer for all named business entities or only for specified business entities.

** Description of Authority: **A** - Open deposit accounts in name of Client; **B** - Endorse checks and other payment orders; **C** - Withdraw or transfer funds from Client accounts; **D** - Enter into agreements for treasury services ; and **E** - all authority under A, B, C, and D.

☒ Check box if this Section V. Authorized Signers amends a prior Section V. Authorized Signers and sign below.

Date of Original Signature Card: 01/14/2022

Effective Date of Amendment: 05/12/2022

[Signature]
Signature

Jason Anderson, Managing Member
Printed Name and Title


**Business Deposit Account
Signature Card**
I. ACCOUNT INFORMATION

 Select One: ☒ New Account ☐ Replace Existing Signature Card

 Primary Account Owner Name: Blox Lending LLC

Account Owner Address:

Draper, UT

Account Owner Phone:

☒ Accounts on attached **Exhibit A**

Primary Account Owner TIN:

II. AFFILIATED ENTITY

Affiliated Entity Account Owner Name

TIN

☐ Additional affiliated entities listed on attached **Exhibit B**
III. ACCOUNT OWNER AUTHORIZATION AND AGREEMENT

By signing below, the account owner(s) listed above, including any affiliated entities listed in Section II and any attached Exhibit B ("Client") authorizes WaFd Bank ("Bank"), at its discretion, to open one or more business or non-personal deposit accounts owned by Client and with the Authorized Signers specified the Section V list of Authorized Signers ("Authorized Signers"), and upon receipt of electronic, written or oral instructions from Client without obtaining an additional Signature Card ("Accounts"). Accounts opened hereunder are listed above and on the attached Exhibit A, which is made a part of this Signature Card, as such Exhibit A may be amended or supplemented by Client from time to time. Addition of a new account to Exhibit A or new entity to Exhibit B will only be effective when Bank receives an amendment to Exhibit A or B in a form acceptable to Bank in its sole discretion. Changes to Authorized Signers will only be effective when Bank receives an amendment to Section V in a form acceptable to Bank in its sole discretion. Client acknowledges and agrees that all Accounts opened under this Signature Card are governed by the terms and conditions of the Business Deposit Account Agreement and Disclosures ("Agreement") and fee schedules ("Fee Schedules") governing the Accounts, and any agreements and disclosures covering banking services used by Client, all as may be amended by Bank. By signing below, Client acknowledges receipt of the Agreement and Fee Schedules.

Client authorizes Bank to operate all current and future Accounts opened under this Signature Card. The authority to operate each Account includes: (i) to act upon instructions from any Authorized Signers to deposit, withdraw or transfer funds to or from any other Accounts; (ii) to recognize and honor the signature of any of the Authorized Signers on checks (if withdrawal by check is permitted) and withdrawal slips and honor any other electronic, written or oral requests for withdrawals or transfers of funds; and (iii) to act upon instructions from any Authorized Signer for the transaction of any business on any Accounts covered by this Signature Card. Bank may rely on this authorization for the Accounts opened under this Signature Card until Bank receives written notice revoking the authorization and has reasonable time to act upon it. Until such notice is actually received, the authority conferred herein to the Authorized Signers will remain in full force.

The individual signing below certifies that he or she is authorized to act on behalf of Client and that any resolutions, agreements, or other documents provided to Bank as evidence of the authority of Client or its Authorized Signers to act on behalf of Client are true and correct copies and are still in full force and effect.

Signature

1/14/2022

Date

Jason R Anderson - Owner

Printed Name and Title



IV. BACKUP WITHHOLDING CERTIFICATION

(if foreign entity, leave blank and use IRS Form W-8)

Exemptions: N/A Exempt Payee Code: N/A Exemption from FATCA reporting Code: N/A

Under penalties of perjury I certify that:

1. The employer identification number or social security number shown on this form for this account owner is correct (or the account owner is waiting for a number to be issued)
2. The account owner is not subject to backup withholding because (a) the account holder is exempt from backup withholding, (b) the account holder has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the account owner that it is no longer subject to backup withholding;
3. The account owner is a United States person
4. Any FATCA code(s) entered on this form indicating that the account owner is exempt from FATCA reporting is correct.

Instructions: Line out and initial item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The term "United States person" means a citizen or resident of the United States, a partnership, corporation, company or association created or organized in the United States or under the laws of the United States, or any estate or trust other than a foreign estate or trust.

Signature

1/14/2022
Date

Jason R Anderson - Owner
Printed Name and Title

Attention New Customers: The information you provide to open a new Account is subject to the Bank's review and verification. Bank reserves the right to close an Account in the event we are unable to verify the information that you have provided.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT — To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In addition, authorized account signers may be asked to provide identification to verify their identity.

FOR BANK USE ONLY

Date: 1/14/2022

Branch #: 1071

Employee Initials: JW



**Business Deposit Account
Signature Card**

Primary Account Owner: Blox Lending LLC

V. AUTHORIZED SIGNERS

Authorized Signer Name and Title: Jason R Anderson - Owner

Update: ☒ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☒ All Entities

☐ List Entities: _____

☒ All Accounts

☐ List Accounts: _____

**Authority: E

Signature: [Signature]

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☐ All Entities

☐ List Entities: _____

☐ All Accounts

☐ List Accounts: _____

**Authority: _____

Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☐ All Entities

☐ List Entities: _____

☐ All Accounts

☐ List Accounts: _____

**Authority: _____

Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☐ All Entities

☐ List Entities: _____

☐ All Accounts

☐ List Accounts: _____

**Authority: _____

Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☐ All Entities

☐ List Entities: _____

☐ All Accounts

☐ List Accounts: _____

**Authority: _____

Signature: _____

☐ Check box if additional signatures are on an additional page.

* Note whether individual is Authorized Signer for all named business entities or only for specified business entities.

** Description of Authority: **A** - Open deposit accounts in name of Client; **B** - Endorse checks and other payment orders; **C** - Withdraw or transfer funds from Client accounts; **D** - Enter into agreements for treasury services; and **E** - all authority under A, B, C, and D.

☐ Check box if this Section V. Authorized Signers amends a prior Section V. Authorized Signers and sign below.

Date of Original Signature Card: _____

Effective Date of Amendment: _____

Signature _____

Printed Name and Title _____



Exhibit A – Accounts Listing

	Business Deposit Account Signature Card Exhibit A – Accounts Listing
--	-------------------------------------------------------------------------------------

Primary Account Owner: Blox Lending LLC

Accounts Listing

Account Number	Update	Account Number	Update
<u>8442</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete

☐ Check box if Exhibit A – Multiple Accounts amends a prior Exhibit A.

FOR BANK USE ONLY		
Date: <u>1/14/22</u>	Branch #: <u>1071</u>	Employee Initials: <u>JW</u>



**Master Business Deposit Account
Signature Card**

I. ACCOUNT INFORMATION

Select One: ☐ New Account ☒ Replace Existing Signature Card

Primary Account Owner Name: UIU Holdings LLC

Account Owner Address:

Lewes, DE, [REDACTED]

Account Owner Phone:

☐ Accounts on attached **Exhibit A**

Primary Account Owner TIN:

☐ Shared TIN

II. AFFILIATED ENTITY

Affiliated Entity Account Owner Name

TIN

☐ Additional affiliated entities listed on attached Exhibit B

III. ACCOUNT OWNER AUTHORIZATION AND AGREEMENT

By signing below, the account owner(s) listed above, including any affiliated entities listed in Section II and any attached Exhibit B ("Client") authorizes WaFd Bank ("Bank"), at its discretion, to open one or more business or non-personal deposit accounts owned by Client and with the Authorized Signers specified the Section V list of Authorized Signers ("Authorized Signers"), and upon receipt of electronic, written or oral instructions from Client without obtaining an additional Signature Card ("Accounts"). Accounts opened hereunder are listed above and on the attached Exhibit A, which is made a part of this Signature Card, as such Exhibit A may be amended or supplemented by Client from time to time. Addition of a new account to Exhibit A or new entity to Exhibit B will only be effective when Bank receives an amendment to Exhibit A or B in a form acceptable to Bank in its sole discretion. Changes to Authorized Signers will only be effective when Bank receives an amendment to Section V in a form acceptable to Bank in its sole discretion. Client acknowledges and agrees that all Accounts opened under this Signature Card are governed by the terms and conditions of the Business Deposit Account Agreement and Disclosures ("Agreement") and fee schedules ("Fee Schedules") governing the Accounts, and any agreements and disclosures covering banking services used by Client, all as may be amended by Bank. By signing below, Client acknowledges receipt of the Agreement and Fee Schedules.

Client authorizes Bank to operate all current and future Accounts opened under this Signature Card. The authority to operate each Account includes: (i) to act upon instructions from any Authorized Signers to deposit, withdraw or transfer funds to or from any other Accounts; (ii) to recognize and honor the signature of any of the Authorized Signers on checks (if withdrawal by check is permitted) and withdrawal slips and honor any other electronic, written or oral requests for withdrawals or transfers of funds; and (iii) to act upon instructions from any Authorized Signer for the transaction of any business on any Accounts covered by this Signature Card. Bank may rely on this authorization for the Accounts opened under this Signature Card until Bank receives written notice revoking the authorization and has reasonable time to act upon it. Until such notice is actually received, the authority conferred herein to the Authorized Signers will remain in full force.

The individual signing below certifies that he or she is authorized to act on behalf of Client and that any resolutions, agreements, or other documents provided to Bank as evidence of the authority of Client or its Authorized Signers to act on behalf of Client are true and correct copies and are still in full force and effect.

Signature _____

Date _____

Jason Anderson , Managing Member
Printed Name and Title

IV. BACKUP WITHHOLDING CERTIFICATION

☐ W9 on File ☐ W-8BENE on File (Foreign entity only)

Or

Under penalties of perjury I certify that:

- ☒ The employer identification number or social security number shown on this form for this account owner is correct (or the account owner is waiting for a number to be issued)
- ☒ The account owner is not subject to backup withholding because (a) the account holder is exempt from backup withholding, (b) the account holder has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the account owner that it is no longer subject to backup withholding;
- ☒ The account owner is a United States entity/person

The term "United States person" means a citizen or resident of the United States, a partnership, corporation, company or association created or organized in the United States or under the laws of the United States, or any estate or trust other than a foreign estate or trust.

Signature

Date

5-12-22
Jason Anderson, Managing Member
Printed Name and Title

Attention New Customers: The information you provide to open a new Account is subject to the Bank's review and verification. Bank reserves the right to close an Account in the event we are unable to verify the information that you have provided.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT — To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In addition, authorized account signers may be asked to provide identification to verify their identity.

FOR BANK USE ONLY

Date: 05/12/2022

Branch #: 1151

Employee Initials: ME



**Master Business Deposit Account
Signature Card**

Primary Account Owner: UIU Holdings LLC

V. AUTHORIZED SIGNERS

Authorized Signer Name and Title: Jason Anderson- Managing Member

Update: ☒ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☒ All Entities

☐ List Entities: _____

☒ All Accounts

☐ List Accounts: _____

**Authority: E

Signature: [Signature]

Authorized Signer Name and Title: Jacob Anderson- Member Authorized Signer

Update: ☒ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☒ All Entities

☐ List Entities: _____

☒ All Accounts

☐ List Accounts: _____

**Authority: E

Signature: [Signature]

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☐ All Entities

☐ List Entities: _____

☐ All Accounts

☐ List Accounts: _____

**Authority: _____

Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☐ All Entities

☐ List Entities: _____

☐ All Accounts

☐ List Accounts: _____

**Authority: _____

Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account
Numbers:

☐ All Entities

☐ List Entities: _____

☐ All Accounts

☐ List Accounts: _____

**Authority: _____

Signature: _____

☐ Check box if additional signatures are on an additional page.

* Note whether individual is Authorized Signer for all named business entities or only for specified business entities.

** Description of Authority: **A** - Open deposit accounts in name of Client; **B** - Endorse checks and other payment orders; **C** - Withdraw or transfer funds from Client accounts; **D** - Enter into agreements for treasury services; and **E** - all authority under A, B, C, and D.

☒ Check box if this Section V. Authorized Signers amends a prior Section V. Authorized Signers and sign below.

Date of Original Signature Card: 08/26/2021

Effective Date of Amendment: 05/12/2022

Signature: [Signature]

Jason Anderson, Managing Member
Printed Name and Title


**Business Deposit Account
Signature Card**
I. ACCOUNT INFORMATION

 Select One: ☒ New Account ☐ Replace Existing Signature Card

 Primary Account Owner Name: UIU Holdings LLC

Account Owner Address:

Lewes, DE

Account Owner Phone:

☒ Accounts on attached Exhibit A

Primary Account Owner TIN:

II. AFFILIATED ENTITY

Affiliated Entity Account Owner Name

TIN

☐ Additional affiliated entities listed on attached Exhibit B

III. ACCOUNT OWNER AUTHORIZATION AND AGREEMENT

By signing below, the account owner(s) listed above, including any affiliated entities listed in Section II and any attached Exhibit B ("Client") authorizes WaFd Bank ("Bank"), at its discretion, to open one or more business or non-personal deposit accounts owned by Client and with the Authorized Signers specified the Section V list of Authorized Signers ("Authorized Signers"), and upon receipt of electronic, written or oral instructions from Client without obtaining an additional Signature Card ("Accounts"). Accounts opened hereunder are listed above and on the attached Exhibit A, which is made a part of this Signature Card, as such Exhibit A may be amended or supplemented by Client from time to time. Addition of a new account to Exhibit A or new entity to Exhibit B will only be effective when Bank receives an amendment to Exhibit A or B in a form acceptable to Bank in its sole discretion. Changes to Authorized Signers will only be effective when Bank receives an amendment to Section V in a form acceptable to Bank in its sole discretion. Client acknowledges and agrees that all Accounts opened under this Signature Card are governed by the terms and conditions of the Business Deposit Account Agreement and Disclosures ("Agreement") and fee schedules ("Fee Schedules") governing the Accounts, and any agreements and disclosures covering banking services used by Client, all as may be amended by Bank. By signing below, Client acknowledges receipt of the Agreement and Fee Schedules.

Client authorizes Bank to operate all current and future Accounts opened under this Signature Card. The authority to operate each Account includes: (i) to act upon instructions from any Authorized Signers to deposit, withdraw or transfer funds to or from any other Accounts; (ii) to recognize and honor the signature of any of the Authorized Signers on checks (if withdrawal by check is permitted) and withdrawal slips and honor any other electronic, written or oral requests for withdrawals or transfers of funds; and (iii) to act upon instructions from any Authorized Signer for the transaction of any business on any Accounts covered by this Signature Card. Bank may rely on this authorization for the Accounts opened under this Signature Card until Bank receives written notice revoking the authorization and has reasonable time to act upon it. Until such notice is actually received, the authority conferred herein to the Authorized Signers will remain in full force.

The individual signing below certifies that he or she is authorized to act on behalf of Client and that any resolutions, agreements, or other documents provided to Bank as evidence of the authority of Client or its Authorized Signers to act on behalf of Client are true and correct copies and are still in full force and effect.

Signature

8/26/2021

Date

Jason Anderson Managing Member

Printed Name and Title



**Business Deposit Account
Signature Card**

Primary Account Owner: UIU Holdings LLC

V. AUTHORIZED SIGNERS

Authorized Signer Name and Title: Jason Anderson- Managing Member

Update: ☒ Add ☐ Delete

*Entity Name and/or Account ☒ All Entities ☐ List Entities: _____

Numbers: ☒ All Accounts ☐ List Accounts: _____

**Authority: E

Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account ☐ All Entities ☐ List Entities: _____

Numbers: ☐ All Accounts ☐ List Accounts: _____

**Authority: _____

Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account ☐ All Entities ☐ List Entities: _____

Numbers: ☐ All Accounts ☐ List Accounts: _____

**Authority: _____

Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account ☐ All Entities ☐ List Entities: _____

Numbers: ☐ All Accounts ☐ List Accounts: _____

**Authority: _____

Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account ☐ All Entities ☐ List Entities: _____

Numbers: ☐ All Accounts ☐ List Accounts: _____

**Authority: _____

Signature: _____

☐ Check box if additional signatures are on an additional page.

* Note whether individual is Authorized Signer for all named business entities or only for specified business entities.

** Description of Authority: A - Open deposit accounts in name of Client; B - Endorse checks and other payment orders; C - Withdraw or transfer funds from Client accounts; D - Enter into agreements for treasury services ; and E - all authority under A, B, C, and D.

☐ Check box if this Section V. Authorized Signers amends a prior Section V. Authorized Signers and sign below.

Date of Original Signature Card: _____

Effective Date of Amendment: _____

Signature: _____

Printed Name and Title: Jason P Anderson Managing Member



V. AUTHORIZED SIGNERS CONTINUED

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account ☐ All Entities ☐ List Entities: _____

Numbers: ☐ All Accounts ☐ List Accounts: _____

**Authority: _____ Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account ☐ All Entities ☐ List Entities: _____

Numbers: ☐ All Accounts ☐ List Accounts: _____

**Authority: _____ Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account ☐ All Entities ☐ List Entities: _____

Numbers: ☐ All Accounts ☐ List Accounts: _____

**Authority: _____ Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account ☐ All Entities ☐ List Entities: _____

Numbers: ☐ All Accounts ☐ List Accounts: _____

**Authority: _____ Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account ☐ All Entities ☐ List Entities: _____

Numbers: ☐ All Accounts ☐ List Accounts: _____

**Authority: _____ Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account ☐ All Entities ☐ List Entities: _____

Numbers: ☐ All Accounts ☐ List Accounts: _____

**Authority: _____ Signature: _____

Authorized Signer Name and Title: _____

Update: ☐ Add ☐ Delete

*Entity Name and/or Account ☐ All Entities ☐ List Entities: _____

Numbers: ☐ All Accounts ☐ List Accounts: _____

**Authority: _____ Signature: _____



Exhibit A – Accounts Listing

<div style="text-align: right; padding-right: 10px;"> Business Deposit Account Signature Card Exhibit A – Accounts Listing </div>


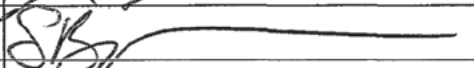
Primary Account Owner: UIU Holdings LLC

Accounts Listing

Account Number	Update	Account Number	Update
██████████ 0589	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete
	<input type="checkbox"/> Add <input type="checkbox"/> Delete		<input type="checkbox"/> Add <input type="checkbox"/> Delete

☐ Check box if Exhibit A – Multiple Accounts amends a prior Exhibit A.

FOR BANK USE ONLY		
Date: <u>09/10/2021</u>	Branch #: <u>1151</u>	Employee Initials: <u>ME</u>

Zions Bancorporation, N.A. dba Zions First National Bank Signature Card					
Account Title: DIGITAL LICENSING INC				Branch ID: 0034	
				Cost Center: 486	
Account Structure: Corporation				Date: 12/10/2021	
Supersedes Card dated:		Replaced by Card dated:		FileNet Document ID:	
Account Number	Opened Date	Opened/Revised By	Acct Type	Approved	Closed Date
2497	11/24/2021	Penny Shelley	SAV 845		
Authorized Signers		Signature		Relationship	
1. DIGITAL LICENSING INC				Type: Corporation TIN:	
2. ROYDON BLEAK NELSON				Type: Non-Title TIN:	
3. SCHAD EDWARD BRANNON				Type: Non-Title TIN:	
4.				Type: TIN:	
5.				Type: TIN:	
6.				Type: TIN:	
TAX REPORTING INFORMATION – W-9 CERTIFICATION					
Complete this section only if you are a U.S. citizen or U.S. resident alien.					
Under penalties of perjury, I certify that:					
<div><div><input type="checkbox"/> Individual / Sole Proprietor / Single-member LLC</div><div><input checked="" type="checkbox"/> C Corporation</div><div><input type="checkbox"/> LLC C Corporation</div></div> <div><div><input type="checkbox"/> S Corporation</div><div><input type="checkbox"/> LLC S Corporation</div></div> <div><div><input type="checkbox"/> Trust / Estate</div><div><input type="checkbox"/> Partnership</div><div><input type="checkbox"/> LLC Partnership</div></div> <div><input type="checkbox"/> Other</div>					

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and					
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and					
3. I am a U.S. citizen or other U.S. person, and					
4. I am exempt from FATCA reporting.					
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.					
Signature of U.S. Person				TIN:	Date: 12/10/2021

The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank") open the account designated and agrees:

- The account listed on this signature card above shall be governed by the most current version of the following documents ("Deposit Documents"), receipt of which is hereby acknowledged, and which are incorporated herein: 1) Deposit Account Agreement, 2) Rate and Fee Schedules. The Deposit Documents and this Signature Card, as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank.
- Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above.
- The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report.

CORPORATE RESOLUTION (Corp/Inc/Co/Ltd)
Professional (Services) Corporation (PC/Chtd/PA)

The undersigned individuals certify that (a) they are corporate officer(s) or other authorized representative(s) of the corporation named on this Signature Card, and (b) the following resolution was adopted at a meeting of the corporation's Board of Directors duly called and held in accordance with applicable state laws where the corporation is incorporated. The corporation is hereafter referred to as "Entity".

with applicable state laws where the corporation is incorporated. The corporation is hereafter referred to as "Entity".

Secretary and/or SB President or Vice President and/or [Signature] Authorized Representative, Title

12/10/2021
Date

RESOLUTION/AUTHORIZATION

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

Non-Consumer Information

ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Primary Contact Name		
			Primary Contact Phone Number		
Tax ID	Primary ID Type	Number/Description	Issuer	Issue Date	Exp. Date

Client Information

ChexSystems Contacted: N			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address 1812 W SUNSET BLVD # 1345 SAINT GEORGE UT 84770-6565			Date of Birth		
			Primary Phone Number (801) 946-9881		Secondary Phone Number
Primary ID Type AOI	Number/Description	Issuer WY	Issue Date 03/18/2021	Exp. Date NA / /	
Secondary ID Type	Number/Description	Issuer	Issue Date NA / /	Exp. Date NA / /	
ChexSystems Contacted: N			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address [REDACTED] SAINT GEORGE UT [REDACTED]			Date of Birth [REDACTED]		
			Primary Phone Number [REDACTED]		Secondary Phone Number [REDACTED]
Primary ID Type DL	Number/Description	Issuer UT	Issue Date [REDACTED]	Exp. Date [REDACTED]	
Secondary ID Type DC	Number/Description ZIONS BANK VISA	Issuer NA	Issue Date NA / /	Exp. Date 01/31/2023	
ChexSystems Contacted: N			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address [REDACTED] ENCINO CA [REDACTED]			Date of Birth [REDACTED]		
			Primary Phone Number [REDACTED]		Secondary Phone Number
Primary ID Type DL	Number/Description	Issuer UT	Issue Date [REDACTED]	Exp. Date [REDACTED]	
Secondary ID Type CC	Number/Description VISA	Issuer NA	Issue Date NA / /	Exp. Date 12/31/2022	
ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Date of Birth		
			Primary Phone Number		Secondary Phone Number
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Date of Birth		
			Primary Phone Number		Secondary Phone Number
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Date of Birth		
			Primary Phone Number		Secondary Phone Number
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	

Zions Bancorporation, N.A. dba Zions First National Bank Signature Card

Account Title: DIGITAL LICENSING INC		Branch ID: 0034	
		Cost Center: 00486	
Account Structure: Corporation		Date: 11/24/2021	
Supersedes Card dated:		Replaced by Card dated:	
FileNet Document ID:			

Account Number	Opened Date	Opened/Revised By	Acct Type	Approved	Closed Date
2497	11/24/2021	Carrie Taylor	SAV 845		
		<i>C Taylor</i>			

Authorized Signers	Signature	Relationship
1. DIGITAL LICENSING INC		Type: Corporation TIN: [REDACTED]
2. ROYDON BLEAK NELSON	<i>R Nelson</i>	Type: Non-Title TIN: [REDACTED]
3.		Type: TIN:
4.		Type: TIN:
5.		Type: TIN:
6.		Type: TIN:

TAX REPORTING INFORMATION – W-9 CERTIFICATION

Complete this section only if you are a U.S. citizen or U.S. resident alien.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person, and

4. I am exempt from FATCA reporting.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature of U.S. Person *R Nelson* TIN: [REDACTED] Date: 11/24/2021

The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank") open the account designated and agrees:

- The account listed on this signature card above shall be governed by the most current version of the following documents ("Deposit Documents"), receipt of which is hereby acknowledged, and which are incorporated herein: 1) Deposit Account Agreement, 2) Rate and Fee Schedules. The Deposit Documents and this Signature Card, as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank.
- Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above.
- The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report.

CORPORATE RESOLUTION (Corp/Inc/Co/Ltd)
Professional (Services) Corporation (PC/Chtd/PA)

The undersigned individuals certify that (a) they are corporate officer(s) or other authorized representative(s) of the corporation named on this Signature Card, and (b) the following resolution was adopted at a meeting of the corporation's Board of Directors duly called and held in accordance with applicable state laws where the corporation is incorporated. The corporation is hereafter referred to as "Entity".

Secretary _____ and/or _____ and/or _____
President or Vice President _____ Authorized Representative, Title _____
11/24/2021
Date

RESOLUTION/AUTHORIZATION

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

Non-Consumer Information

ChexSystems Contacted: <input type="checkbox"/> N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address 1812 W SUNSET BLVD # 1345 SAINT GEORGE UT 84770-6565		Primary Contact Name DAN STOCK			
		Primary Contact Phone Number (435) 817-4931			
Tax ID	Primary ID Type AOI	Number/Description	Issuer WY	Issue Date 03/18/2021	Exp. Date NA //

Client Information

Signer #1		ChexSystems Contacted: <input type="checkbox"/> N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address 1812 W SUNSET BLVD # 1345 SAINT GEORGE UT 84770-6565		Date of Birth		Primary Phone Number (801) 946-9881		Secondary Phone Number	
Primary ID Type AOI	Number/Description	Issuer WY	Issue Date 03/18/2021	Exp. Date NA //			
Secondary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //			
Signer #2		ChexSystems Contacted: <input type="checkbox"/> N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type DL	Number/Description	Issuer UT	Issue Date	Exp. Date			
Secondary ID Type DC	Number/Description ZIONS BANK VISA	Issuer NA	Issue Date NA //	Exp. Date 01/31/2023			
Signer #3		ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //			
Secondary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //			
Signer #4		ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //			
Secondary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //			
Signer #5		ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //			
Secondary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //			
Signer #6		ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //			
Secondary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //			

Zions Bancorporation, N.A. dba Zions First National Bank Signature Card					
Account Title: DIGITAL LICENSING INC				Branch ID: 0034	
				Cost Center: 00034	
Account Structure: Corporation				Date: 03/22/2021	
Supersedes Card dated:		Replaced by Card dated:		FileNet Document ID:	
Account Number	Opened Date	Opened/Revised By	Acct Type	Approved	Closed Date
4702	03/22/2021	Carrie Taylor	DDA 151		
<div style="display: flex; justify-content: space-between;"> <div>Authorized Signers</div> <div>Signature</div> <div>Relationship</div> </div>					
1. DIGITAL LICENSING INC				Type: Corporation TIN: [REDACTED]	
2. ROYDON BLEAK NELSON		X [Signature]		Type: Non-Title TIN: [REDACTED]	
3. SCHAD E BRANNON		X [Signature]		Type: Non-Title TIN: [REDACTED]	
4.				Type: TIN:	
5.				Type: TIN:	
6.				Type: TIN:	
TAX REPORTING INFORMATION – W-9 CERTIFICATION					
<p>Complete this section only if you are a U.S. citizen or U.S. resident alien.</p> <p>Under penalties of perjury, I certify that:</p> <p>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</p> <p>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</p> <p>3. I am a U.S. citizen or other U.S. person, and</p> <p>4. I am exempt from FATCA reporting.</p> <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.</p>					
Signature of U.S. Person X [Signature]				TIN: [REDACTED] Date: 03/22/2021	

The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank") open the account designated and agrees:

- The account listed on this signature card above shall be governed by the most current version of the following documents ("Deposit Documents"), receipt of which is hereby acknowledged, and which are incorporated herein: 1) Deposit Account Agreement, 2) Rate and Fee Schedules. The Deposit Documents and this Signature Card, as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank.
- Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above.
- The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report.

CORPORATE RESOLUTION (Corp/Inc/Co/Ltd)
Professional (Services) Corporation (PC/Chtd/PA)

The undersigned individuals certify that (a) they are corporate officer(s) or other authorized representative(s) of the corporation named on this Signature Card, and (b) the following resolution was adopted at a meeting of the corporation's Board of Directors duly called and held in accordance with applicable state laws where the corporation is incorporated. The corporation is hereafter referred to as "Entity".

X [Signature] Secretary and/or X [Signature] President or Vice President and/or [Signature] Authorized Representative, Title

3/22/2021
Date

RESOLUTION/AUTHORIZATION

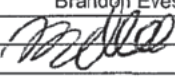
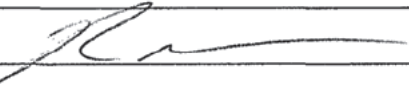

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

Non-Consumer Information

ChexSystems Contacted: N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address 1812 W SUNSET BLVD # 1345		Primary Contact Name DAN STOCK			
ST GEORGE UT 84770-6565		Primary Contact Phone Number (435) 817-4931			
Tax ID 86-2728670	Primary ID Type AOI	Number/Description	Issuer WY	Issue Date 03/18/2021	Exp. Date NA //

Client Information

ChexSystems Contacted: N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address 1812 W SUNSET BLVD # 1345		Date of Birth			
ST GEORGE UT 84770-6565		Primary Phone Number		Secondary Phone Number	
Primary ID Type AOI	Number/Description	Issuer WY	Issue Date	Exp. Date NA //	
Secondary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	
ChexSystems Contacted: N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth			
SAINT GEORGE UT		Primary Phone Number		Secondary Phone Number	
Primary ID Type DL	Number/Description	Issuer UT	Issue Date	Exp. Date	
Secondary ID Type DC	Number/Description ZIONS BANK VISA	Issuer NA	Issue Date NA //	Exp. Date 08/31/2021	
ChexSystems Contacted: N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth			
LAS VEGAS NV		Primary Phone Number		Secondary Phone Number	
Primary ID Type DL	Number/Description	Issuer CA	Issue Date	Exp. Date	
Secondary ID Type CC	Number/Description MC	Issuer NA	Issue Date NA //	Exp. Date 12/31/2024	
ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth			
		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	
Secondary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	
ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth			
		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	
Secondary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	
ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth			
		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	
Secondary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	

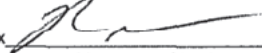
Zions Bancorporation, N.A. dba Zions First National Bank Signature Card					
Account Title: THE GOLD COLLECTIVE I LLC				Branch ID: 0554	
				Cost Center: 00554	
Account Structure: Limited Liability Company				Date: 03/13/2019	
Supersedes Card dated:		Replaced by Card dated:		FileNet Document ID:	
Account Number	Opened Date	Opened/Revised By	Acct Type	Approved	Closed Date
0053	03/13/2019	Brandon Eves	DDA 151		
					
Authorized Signers:		Signature		Relationship	
1. THE GOLD COLLECTIVE I LLC				Type: LLC TIN: [REDACTED]	
2. ROYDON BLEAK NELSON				Type: Non-Title TIN: [REDACTED]	
3.				Type: TIN:	
4.				Type: TIN:	
5.				Type: TIN:	
6.				Type: TIN:	
TAX REPORTING INFORMATION - W-9 CERTIFICATION					
<p>Complete this section only if you are a U.S. citizen or U.S. resident alien. <input checked="" type="checkbox"/> Individual / Sole Proprietor / Single-member LLC <input type="checkbox"/> Trust / Estate <input type="checkbox"/> Other</p> <p>Under penalties of perjury, I certify that: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> LLC C Corporation <input type="checkbox"/> LLC S Corporation <input type="checkbox"/> LLC Partnership</p> <p>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</p> <p>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</p> <p>3. I am a U.S. citizen or other U.S. person, and</p> <p>4. I am exempt from FATCA reporting.</p> <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.</p> <p>Signature of U.S. Person  TIN: [REDACTED] Date: 03/13/2019</p>					

The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank") open the account designated and agrees:

- The account listed on this signature card above shall be governed by the most current version of the following documents ("Deposit Documents"), receipt of which is hereby acknowledged, and which are incorporated herein: 1) Deposit Account Agreement, 2) Rate and Fee Schedules. The Deposit Documents and this Signature Card, as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank.
- Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above.
- The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report.

LIMITED LIABILITY COMPANY (LC/LLC) AUTHORIZATION
Professional Limited Liability Company (PLLC)

The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE INDEBTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY.

3/13/2019 x  x _____ x _____
Date Manager or Member Manager or Member Manager or Member

RESOLUTION/AUTHORIZATION

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

Non-Consumer Information

ChexSystems Contacted: N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address 400 S 4TH ST STE 2 LAS VEGAS NV 89101-6201		Primary Contact Name		Primary Contact Phone Number	
Tax ID	Primary ID Type AOOL	Number/Description DOCS ON FILE	Issuer NV	Issue Date 03/04/2019	Exp. Date NA / /

Client Information

Signer #1		ChexSystems Contacted: N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address 400 S 4TH ST STE 2 LAS VEGAS NV 89101-6201		Date of Birth		Primary Phone Number (801) 946-9881		Secondary Phone Number	
Primary ID Type AOOL	Number/Description DOCS ON FILE	Issuer NV	Issue Date 03/04/2019	Exp. Date NA / /			
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Signer #2		ChexSystems Contacted: N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address [REDACTED] SAINT GEORGE UT [REDACTED]		Date of Birth [REDACTED]		Primary Phone Number [REDACTED]		Secondary Phone Number [REDACTED]	
Primary ID Type DL	Number/Description [REDACTED]	Issuer UT	Issue Date [REDACTED]	Exp. Date [REDACTED]			
Secondary ID Type DC	Number/Description ZIONS BANK VISA	Issuer NA	Issue Date NA / /	Exp. Date 08/31/2021			
Signer #3		ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Signer #4		ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Signer #5		ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Signer #6		ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			

Zions Bancorporation, N.A. dba Zions First National Bank Signature Card					
Account Title: THE GOLD COLLECTIVE I LLC				Branch ID: 0034	
				Cost Center: 00034	
Account Structure: Limited Liability Company				Date: 07/14/2020	
Supersedes Card dated:		Replaced by Card dated:		FileNet Document ID:	
Account Number	Opened Date	Opened/Revised By	Acct Type	Approved	Closed Date
2273	07/14/2020	Carrie Taylor	SAV 845		
		<i>C Taylor</i>			
Authorized Signers		Signature		Relationship	
1. THE GOLD COLLECTIVE I LLC				Type: LLC TIN: [REDACTED]	
2. ROYDON BLEAK NELSON		<i>[Signature]</i>		Type: Non-Title TIN: [REDACTED]	
3. SCHAD E BRANNON		<i>[Signature]</i>		Type: Non-Title TIN: [REDACTED]	
4.				Type: TIN:	
5.				Type: TIN:	
6.				Type: TIN:	
TAX REPORTING INFORMATION - W-9 CERTIFICATION					
<p>Complete this section only if you are a U.S. citizen or U.S. resident alien.</p> <p>Under penalties of perjury, I certify that:</p> <p>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</p> <p>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</p> <p>3. I am a U.S. citizen or other U.S. person, and</p> <p>4. I am exempt from FATCA reporting.</p> <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.</p>					
Signature of U.S. Person <i>[Signature]</i>		TIN: [REDACTED]		Date: 07/14/2020	

The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank") open the account designated and agrees:

- The account listed on this signature card above shall be governed by the most current version of the following documents ("Deposit Documents"), receipt of which is hereby acknowledged, and which are incorporated herein: 1) Deposit Account Agreement, 2) Rate and Fee Schedules. The Deposit Documents and this Signature Card, as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank.
- Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above.
- The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report.

LIMITED LIABILITY COMPANY (LC/LLC) AUTHORIZATION
Professional Limited Liability Company (PLLC)

The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE INDEBTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY.

Date

Manager or Member

Manager or Member

Manager or Member

RESOLUTION/AUTHORIZATION

211

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

Non-Consumer Information

ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Primary Contact Name DAN STOCK		
			Primary Contact Phone Number [REDACTED]		
Tax ID	Primary ID Type	Number/Description	Issuer	Issue Date	Exp. Date

Client Information

ChexSystems Contacted: N			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address [REDACTED] LAS VEGAS NV [REDACTED]			Date of Birth [REDACTED]		
			Primary Phone Number [REDACTED]		Secondary Phone Number
Primary ID Type AOOL	Number/Description DOCS ON FILE	Issuer NV	Issue Date 03/04/2019	Exp. Date NA	//
Secondary ID Type	Number/Description	Issuer	Issue Date NA	Exp. Date NA	//
ChexSystems Contacted: N			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address 400 S 4TH ST STE 102 LAS VEGAS NV 89101-6201			Date of Birth [REDACTED]		
			Primary Phone Number [REDACTED]		Secondary Phone Number
Primary ID Type DL	Number/Description [REDACTED]	Issuer CA	Issue Date [REDACTED]	Exp. Date [REDACTED]	
Secondary ID Type CC	Number/Description MC	Issuer NA	Issue Date NA	Exp. Date 12/31/2024	//
ChexSystems Contacted: N			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address [REDACTED] SAINT GEORGE UT [REDACTED]			Date of Birth [REDACTED]		
			Primary Phone Number [REDACTED]		Secondary Phone Number [REDACTED]
Primary ID Type DL	Number/Description [REDACTED]	Issuer UT	Issue Date [REDACTED]	Exp. Date [REDACTED]	
Secondary ID Type DC	Number/Description ZIONS BANK VISA	Issuer NA	Issue Date NA	Exp. Date 08/31/2021	//
ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Date of Birth		
			Primary Phone Number		Secondary Phone Number
Primary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	
Secondary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	
ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Date of Birth		
			Primary Phone Number		Secondary Phone Number
Primary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	
Secondary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	
ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Date of Birth		
			Primary Phone Number		Secondary Phone Number
Primary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	
Secondary ID Type	Number/Description	Issuer	Issue Date //	Exp. Date //	

The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank") open the account designated and agrees:

- The account listed on this signature card above shall be governed by the most current version of the following documents ("Deposit Documents"), receipt of which is hereby acknowledged, and which are incorporated herein: 1) Deposit Account Agreement, 2) Rate and Fee Schedules. The Deposit Documents and this Signature Card, as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank.
- Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above.
- The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report.

The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE INDEBTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY.

07/21/2020 16:00:10 Under Review Validated By ZBC\z046717

Zions Bancorporation, N.A. dba Zions First National Bank Signature Card

Account Title: THE GOLD COLLECTIVE LLC		Branch ID: 0034	
		Cost Center: 34	
Account Structure: Limited Liability Company		Date: 07/29/2019	
Supersedes Card dated:		Replaced by Card dated:	
		FileNet Document ID:	

Account Number	Opened Date	Opened/Revised By	Acct Type	Approved	Closed Date
3593	07/23/2019	Carrie Taylor	DDA 151		
		<i>C Taylor</i>			

Authorized Signers	Signature	Relationship
1. THE GOLD COLLECTIVE LLC		Type: LLC TIN: [REDACTED]
2. ROYDON BLEAK NELSON	<i>X [Signature]</i>	Type: NON-TITLE TIN: [REDACTED]
3.		Type: TIN:
4.		Type: TIN:
5.		Type: TIN:
6.		Type: TIN:

TAX REPORTING INFORMATION – W-9 CERTIFICATION

Complete this section only if you are a U.S. citizen or U.S. resident alien. ☐ Individual / Sole Proprietor / Single-member LLC ☐ Trust / Estate ☐ Other

☐ C Corporation ☐ S Corporation ☐ Partnership

☐ LLC C Corporation ☒ LLC S Corporation ☐ LLC Partnership

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person, and
- I am exempt from FATCA reporting.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature of U.S. Person *X [Signature]* TIN: [REDACTED] Date: 07/29/2019

The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank") open the account designated and agrees:

- The account listed on this signature card above shall be governed by the most current version of the following documents ("Deposit Documents"), receipt of which is hereby acknowledged, and which are incorporated herein: 1) Deposit Account Agreement, 2) Rate and Fee Schedules. The Deposit Documents and this Signature Card, as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank.
- Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above.
- The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report.

LIMITED LIABILITY COMPANY (LC/LLC) AUTHORIZATION
Professional Limited Liability Company (PLLC)

The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE INDEBTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY.

<i>X [Signature]</i>	<i>X [Signature]</i>	<i>X [Signature]</i>
Date	Manager or Member	Manager or Member

RESOLUTION/AUTHORIZATION

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

Non-Consumer Information

ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Primary Contact Name		
			Primary Contact Phone Number		
Tax ID	Primary ID Type	Number/Description	Issuer	Issue Date	Exp. Date
				/ /	/ /

Client Information

ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address LAS VEGAS NV			Date of Birth		
			Primary Phone Number		Secondary Phone Number
Primary ID Type AOOL	Number/Description DOCS ON FILE	Issuer NV	Issue Date 03/04/2019	Exp. Date NA / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address SAINT GEORGE UT			Date of Birth		
			Primary Phone Number		Secondary Phone Number
Primary ID Type DL	Number/Description	Issuer UT	Issue Date	Exp. Date	
Secondary ID Type DC	Number/Description ZIONS BANK VISA	Issuer NA	Issue Date NA / /	Exp. Date 08/31/2021	
ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Date of Birth		
			Primary Phone Number		Secondary Phone Number
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Date of Birth		
			Primary Phone Number		Secondary Phone Number
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Date of Birth		
			Primary Phone Number		Secondary Phone Number
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address			Date of Birth		
			Primary Phone Number		Secondary Phone Number
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	

Zions Bancorporation, N.A. dba Zions First National Bank Signature Card

Account Title: GOLD COLLECTIVE LLC		Branch ID: 0034	
		Cost Center: 00034	
Account Structure: Limited Liability Company		Date: 07/23/2019	
Supersedes Card dated:		Replaced by Card dated:	
		FileNet Document ID:	
Account Number	Opened Date	Opened/Revised By	Acct Type
3593	07/23/2019	Carrie Taylor	DDA 151
		<i>C Taylor</i>	
Authorized Signers		Signature	Relationship
1. GOLD COLLECTIVE LLC			Type: LLC TIN: [REDACTED]
2. ROYDON BLEAK NELSON		<i>X</i> <i>R</i>	Type: Non-Title TIN: [REDACTED]
3.			Type: TIN:
4.			Type: TIN:
5.			Type: TIN:
6.			Type: TIN:
TAX REPORTING INFORMATION - W-9 CERTIFICATION			
<p>Complete this section only if you are a U.S. citizen or U.S. resident alien.</p> <p>Under penalties of perjury, I certify that:</p> <p>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</p> <p>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</p> <p>3. I am a U.S. citizen or other U.S. person, and</p> <p>4. I am exempt from FATCA reporting.</p> <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.</p> <p>Signature of U.S. Person <i>X</i> <i>R</i> TIN: [REDACTED] Date: 07/23/2019</p>			

The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank") open the account designated and agrees:

- The account listed on this signature card above shall be governed by the most current version of the following documents ("Deposit Documents"), receipt of which is hereby acknowledged, and which are incorporated herein: 1) Deposit Account Agreement, 2) Rate and Fee Schedules. The Deposit Documents and this Signature Card, as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank.
- Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above.
- The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report.

LIMITED LIABILITY COMPANY (LC/LLC) AUTHORIZATION
Professional Limited Liability Company (PLLC)

The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE INDEBTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY.

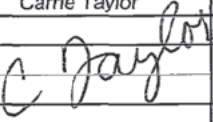

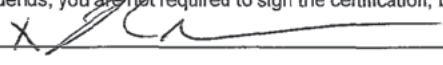
Date *X* *R* *X* *X*
Manager or Member Manager or Member Manager or Member

RESOLUTION/AUTHORIZATION

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

Non-Consumer Information					
ChexSystems Contacted: N			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address [REDACTED] LAS VEGAS NV [REDACTED]			Primary Contact Name DAN STOCK		
			Primary Contact Phone Number [REDACTED]		
Tax ID [REDACTED]	Primary ID Type AOI	Number/Description DOCS ON FILE	Issuer NV	Issue Date 03/04/2019	Exp. Date NA / /

Client Information					
Signer #1 ChexSystems Contacted: N			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address [REDACTED] LAS VEGAS NV [REDACTED]			Date of Birth [REDACTED]		
			Primary Phone Number [REDACTED]		Secondary Phone Number [REDACTED]
Primary ID Type AOI	Number/Description DOCS ON FILE	Issuer NV	Issue Date 03/04/2019	Exp. Date NA / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Signer #2 ChexSystems Contacted: N			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address [REDACTED] SAINT GEORGE UT [REDACTED]			Date of Birth [REDACTED]		
			Primary Phone Number [REDACTED]		Secondary Phone Number [REDACTED]
Primary ID Type DL	Number/Description [REDACTED]	Issuer UT	Issue Date [REDACTED]	Exp. Date [REDACTED]	
Secondary ID Type DC	Number/Description ZIONS BANK VISA	Issuer NA	Issue Date NA / /	Exp. Date 08/31/2021	
Signer #3 ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address [REDACTED]			Date of Birth [REDACTED]		
			Primary Phone Number [REDACTED]		Secondary Phone Number [REDACTED]
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Signer #4 ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address [REDACTED]			Date of Birth [REDACTED]		
			Primary Phone Number [REDACTED]		Secondary Phone Number [REDACTED]
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Signer #5 ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address [REDACTED]			Date of Birth [REDACTED]		
			Primary Phone Number [REDACTED]		Secondary Phone Number [REDACTED]
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Signer #6 ChexSystems Contacted:			Override Approved By:		CIP Verification: <input type="checkbox"/>
Physical Address [REDACTED]			Date of Birth [REDACTED]		
			Primary Phone Number [REDACTED]		Secondary Phone Number [REDACTED]
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /	

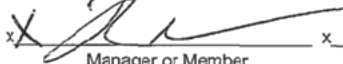
Zions Bancorporation, N.A. dba Zions First National Bank Signature Card					
Account Title: THE GOLD COLLECTIVE V LLC				Branch ID: 0034	
				Cost Center: 00034	
Account Structure: Limited Liability Company				Date: 07/22/2019	
Supersedes Card dated:		Replaced by Card dated:		FileNet Document ID:	
Account Number	Opened Date	Opened/Revised By	Acct Type	Approved	Closed Date
██████████ 3601	07/22/2019	Carrie Taylor	DDA 151		
					
Authorized Signers			Signature	Relationship	
1. THE GOLD COLLECTIVE V LLC				Type: LLC TIN: ██████████	
2. ROYDON BLEAK NELSON				Type: Non-Title TIN: ██████████	
3.				Type: TIN:	
4.				Type: TIN:	
5.				Type: TIN:	
6.				Type: TIN:	
TAX REPORTING INFORMATION – W-9 CERTIFICATION					
Complete this section only if you are a U.S. citizen or U.S. resident alien.					
Under penalties of perjury, I certify that:					
<input type="checkbox"/> Individual / Sole Proprietor / Single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> LLC C Corporation <input type="checkbox"/> S Corporation <input checked="" type="checkbox"/> LLC S Corporation <input type="checkbox"/> Trust / Estate <input type="checkbox"/> Partnership <input type="checkbox"/> LLC Partnership <input type="checkbox"/> Other					
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person, and 4. I am exempt from FATCA reporting.					
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.					
Signature of U.S. Person 			TIN: ██████████	Date: 07/22/2019	

The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank") open the account designated and agrees:

- The account listed on this signature card above shall be governed by the most current version of the following documents ("Deposit Documents"), receipt of which is hereby acknowledged, and which are incorporated herein: 1) Deposit Account Agreement, 2) Rate and Fee Schedules. The Deposit Documents and this Signature Card, as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank.
- Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above.
- The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report.

LIMITED LIABILITY COMPANY (LC/LLC) AUTHORIZATION
Professional Limited Liability Company (PLLC)

The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE INDEBTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY.

 _____ Date	_____ Manager or Member	_____ Manager or Member
------------------------------------------------------------------------------------------------------	----------------------------	----------------------------

RESOLUTION/AUTHORIZATION

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

Non-Consumer Information

ChexSystems Contacted: <input checked="" type="checkbox"/>		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Primary Contact Name DAN STOCK			
LAS VEGAS NV		Primary Contact Phone Number			
Tax ID	Primary ID Type	Number/Description	Issuer	Issue Date	Exp. Date
	AOOL	DOCS ON FILE	NV	03/04/2019	NA / /

Client Information

ChexSystems Contacted: <input checked="" type="checkbox"/>		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth			
LAS VEGAS NV		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date	Exp. Date	
AOOL	DOCS ON FILE	NV	03/04/2019	NA / /	
Secondary ID Type	Number/Description	Issuer	Issue Date	Exp. Date	
			/ /	/ /	

ChexSystems Contacted: <input checked="" type="checkbox"/>		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth			
SAINT GEORGE UT		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date	Exp. Date	
DL		UT			
Secondary ID Type	Number/Description	Issuer	Issue Date	Exp. Date	
DC	ZIONS BANK VISA	NA	NA / /	08/31/2021	

ChexSystems Contacted: <input type="checkbox"/>		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth			
		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date	Exp. Date	
			/ /	/ /	
Secondary ID Type	Number/Description	Issuer	Issue Date	Exp. Date	
			/ /	/ /	

ChexSystems Contacted: <input type="checkbox"/>		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth			
		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date	Exp. Date	
			/ /	/ /	
Secondary ID Type	Number/Description	Issuer	Issue Date	Exp. Date	
			/ /	/ /	

ChexSystems Contacted: <input type="checkbox"/>		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth			
		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date	Exp. Date	
			/ /	/ /	
Secondary ID Type	Number/Description	Issuer	Issue Date	Exp. Date	
			/ /	/ /	

ChexSystems Contacted: <input type="checkbox"/>		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth			
		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date	Exp. Date	
			/ /	/ /	
Secondary ID Type	Number/Description	Issuer	Issue Date	Exp. Date	
			/ /	/ /	

Zions Bancorporation, N.A. dba Zions First National Bank Signature Card

Account Title: THE GOLD COLLECTIVE VI LLC		Branch ID: 0034	
		Cost Center: 00034	
Account Structure: Limited Liability Company		Date: 07/29/2019	
Supersedes Card dated:		Replaced by Card dated:	
		FileNet Document ID:	

Account Number	Opened Date	Opened/Revised By	Acct Type	Approved	Closed Date
3585	07/29/2019	Carrie Taylor	DDA 151		
		<i>C Taylor</i>			

Authorized Signers	Signature	Relationship
1. THE GOLD COLLECTIVE VI LLC		Type: LLC TIN: [REDACTED]
2. ROYDON BLEAK NELSON	<i>R Nelson</i>	Type: Non-Title TIN: [REDACTED]
3.		Type: TIN:
4.		Type: TIN:
5.		Type: TIN:
6.		Type: TIN:

TAX REPORTING INFORMATION – W-9 CERTIFICATION

Complete this section only if you are a U.S. citizen or U.S. resident alien.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person, and

4. I am exempt from FATCA reporting.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Signature of U.S. Person *X* *R Nelson* TIN: [REDACTED] Date: 07/29/2019

The account owner named above ("Customer"), through its authorized signers signing above, hereby requests that Zions Bancorporation, N.A. dba Zions First National Bank ("Bank") open the account designated and agrees:

- The account listed on this signature card above shall be governed by the most current version of the following documents ("Deposit Documents"), receipt of which is hereby acknowledged, and which are incorporated herein: 1) Deposit Account Agreement, 2) Rate and Fee Schedules. The Deposit Documents and this Signature Card, as they may be amended from time to time by Bank, constitute a contractual agreement between Customer and Bank.
- Bank is authorized to accept instructions of any kind regarding the account and funds therein from any one (1) signer listed above, regardless of how many signers are listed. In addition, any joint owner listed on the account shall have full access to the account and funds therein, even if he or she has not signed above.
- The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent is obtained. By signing above, each authorized signer consents to Zions Bancorporation, N.A. making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning each signer's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Zions Bancorporation, N.A., and to disclose information about the account to credit reporting agencies and to other persons or agencies who, in Bank's judgment, have a legitimate business purpose for obtaining such information. Upon request, Bank will inform Customer if a consumer report has been obtained and will provide Customer with the name and address of the agency furnishing the report.

LIMITED LIABILITY COMPANY (LC/LLC) AUTHORIZATION
Professional Limited Liability Company (PLLC)

The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE INDEBTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY.

<i>X</i> <i>R Nelson</i>	<i>X</i>	<i>X</i>
Date	Manager or Member	Manager or Member

Passed Review Validated By z046717, August 7, 2019

08/05/2019 12:10:03 Under Review Validated By ZBC\z078367

RESOLUTION/AUTHORIZATION

This Entity shall open an account with Zions Bancorporation, N.A. dba Zions First National Bank ("Bank"), and the representative(s) of the Entity are authorized and instructed to enter into Bank's standard agreements governing accounts and name the persons who are authorized on behalf of the Entity to transact business on accounts at Bank. Until this authority is revoked by written notification to Bank of such action by the appropriate parties authorizing such action, any persons named by the authorized representatives of the Entity and whose signatures appear on any Signature Card or account agreement with Bank are hereby authorized to sign checks, drafts, withdrawal orders, bills of exchange, make telephone transfers and otherwise transact all business on Bank accounts for and in behalf of this Entity. The Entity will provide a new authorization and complete a new Signature Card or account agreement for any change in signers. The Entity shall indemnify and hold harmless Bank from any loss suffered or any liability incurred by Bank in continuing to act in accordance with this authorization. This authorization supersedes all prior authorizations, which are hereby canceled.

Non-Consumer Information

ChexSystems Contacted: N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Primary Contact Name DAN STOCK			
LAS VEGAS NV		Primary Contact Phone Number			
Tax ID	Primary ID Type AOOL	Number/Description DOCS ON FILE	Issuer NV	Issue Date 03/04/2019	Exp. Date NA / /

Client Information

Signer #1		ChexSystems Contacted: N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
LAS VEGAS NV							
Primary ID Type AOOL	Number/Description DOCS ON FILE	Issuer NV	Issue Date 03/04/2019	Exp. Date NA / /			
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Signer #2		ChexSystems Contacted: N		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
SAINT GEORGE UT							
Primary ID Type DL	Number/Description	Issuer UT	Issue Date	Exp. Date			
Secondary ID Type DC	Number/Description ZIONS BANK VISA	Issuer NA	Issue Date NA / /	Exp. Date 08/31/2021			
Signer #3		ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Signer #4		ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Signer #5		ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Signer #6		ChexSystems Contacted:		Override Approved By:		CIP Verification: <input type="checkbox"/>	
Physical Address		Date of Birth		Primary Phone Number		Secondary Phone Number	
Primary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			
Secondary ID Type	Number/Description	Issuer	Issue Date / /	Exp. Date / /			

Exhibit 3

EXHIBIT 3								
Bank	Account #	Ending	Account Name	Beginning Date	Beginning Bal	End Date	Ending Balance	Authorized Signers
America First Credit Union	xx2519		Blox Lending LLC	12/07/22	\$ -	05/31/23	\$ 577,157.76	Jason Richard Anderson
Bank of America, N.A.	xx3814		Blox Lending LLC	08/17/20	\$ -	01/31/22	\$ -	Jason Richard Anderson
Bank of America, N.A.	xx1004		Blox Lending LLC	08/17/20	\$ -	01/31/22	\$ -	Jason Richard Anderson
Bank of America, N.A.	xx1020		Blox Lending LLC	08/17/20	\$ -	01/31/22	\$ -	Jason Richard Anderson
Washington Federal Bank	xx8442		Blox Lending LLC	01/18/22	\$ -	12/31/22	\$ -	Jason and Jacob Anderson
UTAH FIRST FCU	xx5607		Business Funding Solutions	05/31/18	\$ -	05/04/23	\$ 22,056.61	Jason Anderson
JPMORGAN CHASE BANK, NA	xx6549		Calmes & Co Inc	05/04/21	\$ -	04/28/23	\$ 201,682.15	Kory & Chadwick Calmes
JPMORGAN CHASE BANK, NA	xx2788		Calmes & Co Inc	07/13/21	\$ -	04/28/23	\$ 17,557.18	Kory & Chadwick Calmes
JPMORGAN CHASE BANK, NA	xx6893		Calmes & Co Inc	07/13/21	\$ -	04/28/23	\$ 21.22	Kory & Chadwick Calmes
JPMORGAN CHASE BANK, NA	xx0639		Calmfritz Holdings, LLC	05/05/21	\$ -	07/29/22	\$ -	Matthew D Fritzsche & Chadwick & Kory Calmes
JPMORGAN CHASE BANK, NA	xx8115		Calmfritz Holdings, LLC	11/05/21	\$ -	07/29/22	\$ -	Chadwick H Calmes & Matthew Dillon Fritzsche
US BANK, NA	xx4054		Calmfritz Holdings, LLC	07/15/22	\$ -	04/30/23	\$ (828.00)	Chadwick Calmes, Matthew Dillon Fritzsche, Monica M Calmes
Mountain America CU	xx2717		Digital Licensing Inc.	02/07/23	\$ -	05/30/23	\$ 367,393.32	Roydon Nelson & Schad Brannon
Zions First National Bank	xx4702		Digital Licensing Inc.	03/21/21	\$ -	03/01/23	\$ -	Roydon Nelson & Schad Brannon
Zions First National Bank	xx2497		Digital Licensing Inc.	11/23/21	\$ -	02/08/23	\$ -	Roydon Nelson & Schad Brannon
Mountain America CU	xx0736		IX Global	03/02/23	\$ -	04/30/23	\$ 24,617.49	Joseph Martinez
Bank of America, N.A.	xx8643		IX Global LLC	07/12/22	\$ -	03/14/23	\$ 438,145.89	Joseph Anthony Martinez Jr
Bank of America, N.A.	xx8630		IX Global LLC	07/12/22	\$ -	03/06/23	\$ 161,471.65	Joseph Anthony Martinez Jr
Bank of America, N.A.	xx8656		IX Global LLC	07/12/22	\$ -	02/28/23	\$ 10,002.24	Joseph Anthony Martinez Jr
JPMORGAN CHASE BANK, NA	xx7087		IX Global LLC	08/24/21	\$ -	08/31/22	\$ -	Joseph Anthony Martinez Jr
JPMORGAN CHASE BANK, NA	xx1712		IX Global LLC	09/08/21	\$ -	08/31/22	\$ -	Joseph Anthony Martinez Jr
Metropolitan Commercial Bank - Revolut payment processing	xx9883		IX Global LLC	07/30/22	\$ -	05/01/23	\$ 128,894.99	No information
Zions First National Bank	xx0053		The Gold Collective LLC	03/12/19	\$ -	02/28/23	\$ -	Roydon Bleak Nelson
Zions First National Bank	xx2273		The Gold Collective LLC	07/13/20	\$ -	02/09/23	\$ -	Roydon Bleak Nelson
Zions First National Bank	xx3593		The Gold Collective LLC	07/22/19	\$ -	02/28/23	\$ -	Roydon Bleak Nelson
Zions First National Bank	xx3601		The Gold Collective V LLC	07/21/19	\$ -	02/28/23	\$ -	Roydon Bleak Nelson
Zions First National Bank	xx3585		The Gold Collective VI LLC	07/28/19	\$ -	02/28/23	\$ -	Roydon Bleak Nelson
Bank of America, N.A.	xx0882		UIU Holdings LLC	11/13/19	\$ -	09/30/21	\$ -	Jason Richard Anderson
Washington Federal Bank	xx0589		UIU Holdings LLC	08/26/21	\$ -	12/31/22	\$ -	Jason and Jacob Anderson

EX 3 Bank Account Listing

Exhibit 4

Digital Licensing Inc.		Amount		(signed by)		other information		payor/ payee		chk #		For		Account		sub Account	
Date Posted	Deposit	Withdrawal	Sumt Description														
09/20/22	\$ 2,266,658.36	\$ 23,135,350.72	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Side Track	Digital Licensing Inc Zions xx4702				
09/23/22		\$ 15,421.55	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Drill Pipe	Digital Licensing Inc Zions xx4702				
09/27/22		\$ 93,568.00	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Payroll	Digital Licensing Inc Zions xx4702				
09/30/22		\$ 60,000.00	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Nebraska O	Digital Licensing Inc Zions xx4702				
10/11/22		\$ 470,153.94	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Operations	Digital Licensing Inc Zions xx4702				
10/24/22		\$ 127,441.00	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Payroll	Digital Licensing Inc Zions xx4702				
10/27/22		\$ 35,000.00	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Casing and	Digital Licensing Inc Zions xx4702				
11/02/22		\$ 21,353.64	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Cement and	Digital Licensing Inc Zions xx4702				
11/08/22		\$ 202,850.04	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Payroll	Digital Licensing Inc Zions xx4702				
11/14/22		\$ 100,000.00	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Nebraska O	Digital Licensing Inc Zions xx4702				
11/21/22		\$ 86,360.56	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Payroll	Digital Licensing Inc Zions xx4702				
12/06/22		\$ 45,050.00	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Nebraska P	Digital Licensing Inc Zions xx4702				
12/20/22		\$ 53,364.12	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Notes: (PA	Digital Licensing Inc Zions xx4702				
12/23/22		\$ 21,000.00	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Re: Operat	Digital Licensing Inc Zions xx4702				
01/04/23		\$ 33,516.00	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Re: Payrol	Digital Licensing Inc Zions xx4702				
01/17/23		\$ 44,302.32	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Payroll	Digital Licensing Inc Zions xx4702				
01/27/23		\$ 2,671.57	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Re: Payrol	Digital Licensing Inc Zions xx4702				
01/31/23		\$ 30,773.85	Wire Out	ARCHER DRILLING				ARCHER DRILLING				Archer Pay	Digital Licensing Inc Zions xx4702				
02/14/23		\$ 28,000.00	Wire	Archer Drilling				Archer Drilling				Payroll	Digital Licensing Inc Mountain American Credit Union xx2717			ID50	
02/28/23		\$ 4,751.57	Wire	Archer Drilling				Archer Drilling				Payroll	Digital Licensing Inc Mountain American Credit Union xx2717			ID50	
11/24/21		\$ 530,607.00	Wire Out	BFS JASON ANDERSON				BFS JASON ANDERSON				COMMISSION	Digital Licensing Inc Zions xx4702				
12/10/21		\$ 36,000.00	Wire Out	BUSINESS FUNDING SOLUTIONS LLC				BUSINESS FUNDING SOLUTIONS LLC					Digital Licensing Inc Zions xx4702				
12/10/21		\$ 70,060.50	Wire Out	BUSINESS FUNDING SOLUTIONS LLC				BUSINESS FUNDING SOLUTIONS LLC					Digital Licensing Inc Zions xx4702				
12/20/21		\$ 138,726.25	Wire Out	BFS JASON ANDERSON				BFS JASON ANDERSON				Commiss	Digital Licensing Inc Zions xx4702				
01/12/22		\$ 55,129.55	Wire Out	BFS JASON ANDERSON				BFS JASON ANDERSON				COMMISSION	Digital Licensing Inc Zions xx4702				
01/25/22		\$ 544,183.60	Wire Out	BUSINESS FUNDING SOLUTIONS LLC				BUSINESS FUNDING SOLUTIONS LLC					Digital Licensing Inc Zions xx4702				
02/02/22		\$ 475,674.00	Wire Out	BUSINESS FUNDING SOLUTIONS LLC				BUSINESS FUNDING SOLUTIONS LLC					Digital Licensing Inc Zions xx4702				
02/08/22		\$ 300,191.00	Wire Out	BFS Utah bank				BFS Utah bank				AT	Digital Licensing Inc Zions xx4702				
02/15/22		\$ 162,180.00	Wire Out	BUSINESS FUNDING SOLUTIONS LLC				BUSINESS FUNDING SOLUTIONS LLC					Digital Licensing Inc Zions xx4702				
03/11/22		\$ 25,000.00	Wire Out	BFS JASON ANDERSON				BFS JASON ANDERSON				Attn: Jason	Digital Licensing Inc Zions xx4702				
03/15/22		\$ 670,433.14	Wire Out	BUSINESS FUNDING SOLUTIONS LLC				BUSINESS FUNDING SOLUTIONS LLC					Digital Licensing Inc Zions xx4702				
03/25/22		\$ 1,444,000.00	Wire Out	BUSINESS FUNDING SOLUTIONS LLC				BUSINESS FUNDING SOLUTIONS LLC					Digital Licensing Inc Zions xx4702				
04/26/22		\$ 3,590,576.00	Wire Out	BUSINESS FUNDING SOLUTIONS LLC				BUSINESS FUNDING SOLUTIONS LLC					Digital Licensing Inc Zions xx4702				
05/11/22		\$ 2,000,000.00	Wire Out	BFS JASON ANDERSON				BFS JASON ANDERSON				Commiss	Digital Licensing Inc Zions xx4702				
12/09/22		\$ 750,000.00	Wire Out	BUSINESS FUNDING SOLUTIONS LLC				BUSINESS FUNDING SOLUTIONS LLC					Digital Licensing Inc Zions xx4702				
12/09/22		\$ 200,000.00	Wire Out	BUSINESS FUNDING SOLUTIONS LLC				BUSINESS FUNDING SOLUTIONS LLC					Digital Licensing Inc Zions xx4702				
01/31/23		\$ 1,000,000.00	Wire Out	BUSINESS FUNDING SOLUTIONS LLC				BUSINESS FUNDING SOLUTIONS LLC					Digital Licensing Inc Zions xx4702				
06/08/22	\$250,000.00		INCOMING WIRE	BLOX LENDING, LLC				BLOX LENDING, LLC				Attn: Scha	Digital Licensing Inc Zions xx4702				
06/16/22	\$900,000.00		INCOMING WIRE	BLOX LENDING, LLC				BLOX LENDING, LLC				Attn: Roy	Digital Licensing Inc Zions xx4702				
12/09/22		\$ 1,152,300.00	Wire Out	BLOX LENDING, LLC				BLOX LENDING, LLC				Loan Rep	Digital Licensing Inc Zions xx4702				
03/10/23		\$ 500,000.00	Transfer Wire	to xx2519				to xx2519				account of Blox Lending	Digital Licensing Inc Mountain American Credit Union xx2717			ID50	
08/02/22		\$ 10,500.00	Wire Out	Dawn Brannon				Dawn Brannon					Digital Licensing Inc Zions xx4702				
10/11/22		\$ 23,250.00	Int'l Wire Out	Schad Edward Brannon				Schad Edward Brannon				ACCOM	Digital Licensing Inc Zions xx4702				
10/19/22		\$ 26,750.00	Int'l Wire Out	Schad Edward Brannon				Schad Edward Brannon				TRIP	Digital Licensing Inc Zions xx4702				
03/22/21	\$100.00		Deposit	THE GOLD COL				THE GOLD COL					Digital Licensing Inc Zions xx4702				

Date Posted	Deposit	Withdrawal	Smt Description	pavor / pavee	other information	chk #	For	Account	sub Account
04/23/21		\$ 3,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
04/30/21		\$ 15,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
05/03/21		\$ 32,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
05/04/21		\$ 25,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
05/14/21		\$ 8,500.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
05/24/21		\$ 50,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
06/02/21		\$ 25,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
06/14/21		\$ 15,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
06/22/21		\$ 25,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
06/30/21		\$ 20,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
07/08/21		\$ 40,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
07/27/21		\$ 23,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
07/27/21		\$ 2,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
08/02/21		\$ 20,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
08/06/21		\$ 10,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
08/24/21		\$ 50,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
09/01/21		\$ 10,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
09/17/21		\$ 10,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
09/27/21		\$ 60,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
10/14/21		\$ 35,510.37	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
10/29/21		\$ 15,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
11/01/21		\$ 50,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
11/23/21		\$ 353,907.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
12/13/21		\$ 123,229.38	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
12/21/21		\$ 52,960.75	Bank-Cust Initiated Debit	THE GOLD COL			Saving	Digital Licensing Inc Zions xx4702	
01/12/22		\$ 55,052.55	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
01/31/22		\$ 37,100.00	Bank-Cust Initiated Debit	THE GOLD COL			saving	Digital Licensing Inc Zions xx4702	
02/07/22		\$ 13,341.00	Bank-Cust Initiated Debit	THE GOLD COL			saving	Digital Licensing Inc Zions xx4702	
02/08/22		\$ 20,000.00	Bank-Cust Initiated Debit	THE GOLD COL			saving	Digital Licensing Inc Zions xx4702	
02/11/22		\$ 29,685.00	Bank-Cust Initiated Debit	THE GOLD COL			saving	Digital Licensing Inc Zions xx4702	
02/16/22		\$ 36,729.00	Bank-Cust Initiated Debit	THE GOLD COL			saving	Digital Licensing Inc Zions xx4702	
03/01/22	\$2,205.71		Bank/Cust Initiated Credit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
03/08/22		\$ 6,789.00	Bank-Cust Initiated Debit	THE GOLD COL			Saving	Digital Licensing Inc Zions xx4702	
03/11/22		\$ 25,000.00	Bank-Cust Initiated Debit	THE GOLD COL			saving	Digital Licensing Inc Zions xx4702	
03/30/22		\$ 122,960.00	Bank-Cust Initiated Debit	THE GOLD COL			saving	Digital Licensing Inc Zions xx4702	
04/04/22		\$ 5,400.00	Bank-Cust Initiated Debit	THE GOLD COL			saving	Digital Licensing Inc Zions xx4702	
04/05/22		\$ 21,500.00	Bank-Cust Initiated Debit	THE GOLD COL			saving	Digital Licensing Inc Zions xx4702	
04/26/22		\$ 2,000,000.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
06/09/22		\$ 2,250.00	Bank-Cust Initiated Debit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
08/08/22	\$10,500.00		Bank/Cust Initiated Credit	THE GOLD COL				Digital Licensing Inc Zions xx4702	
09/06/22		\$ 3,000.00	Bank-Cust Initiated Debit	THE GOLD COL			saving	Digital Licensing Inc Zions xx4702	
12/08/22		\$ 91,280.25	Bank-Cust Initiated Debit	THE GOLD COL			Share 50	Digital Licensing Inc Mountain American Credit Union xx2717	ID50
02/14/23		\$ 250,000.00	Transfer	The Gold Collec			Share 50	Digital Licensing Inc Mountain American Credit Union xx2717	ID07
03/31/23		\$ 100,000.00	Transfer	The Gold Collec			Loan 0050	Digital Licensing Inc Mountain American Credit Union xx2717	ID07
04/14/23		\$ 100,000.00	Transfer	The Gold Collec			Loan 0007	Digital Licensing Inc Mountain American Credit Union xx2717	ID07
04/27/23		\$ 452,000.00	Transfer	The Gold Collec			loan to DLI	Digital Licensing Inc Mountain American Credit Union xx2717	ID50
05/04/23	500,000.00		Transfer	The Gold Collec			Loan to TGC	Digital Licensing Inc Mountain American Credit Union xx2717	ID01
05/18/23		\$ 50,000.00	Transfer	THE GOLD COL				Digital Licensing Inc Zions xx4702	
10/19/21	\$59,669.05		Bank/Cust Initiated Credit	NELSON ROYDO				Digital Licensing Inc Zions xx4702	

EX 4 DL transactions

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Date Posted	Deposit	Withdrawal	Smt Description	pamor / pavse	other information	chk #	For	Account	sub Account
01/25/22	\$ 544,183.60		Bank-Cust Initiated Debit	NELSON ROYDO				Digital Licensing Inc Zions xx4702	
01/25/22	\$544,183.60		Bank/Cust Initiated Credit	NELSON ROYDO				Digital Licensing Inc Zions xx4702	
04/10/23		100,025.00	Transfer	Nelson, Roydon			Funding Striker Acct 0001	Digital Licensing Inc Mountain American Credit Union xx2717	ID07
03/22/22		250,000.00	OUTGOING WIRE - BRANCH INITIAT	PURDY OIL, LLC			EXPLORATION	Digital Licensing Inc Zions xx2497	
04/04/22		125,000.00	PC Wire Out	PURDY OIL, LLC			DRILL RIG	Digital Licensing Inc Zions xx2497	
04/12/22		125,000.00	PC Wire Out	PURDY OIL, LLC			OPERATIONS	Digital Licensing Inc Zions xx2497	
05/06/22		500,000.00	OUTGOING WIRE - BRANCH INITIAT	PURDY OIL, LLC			OPERATIONS	Digital Licensing Inc Zions xx2497	
06/17/22	\$	900,000.00	Wire Out	PURDY OIL			NEBRASKA LOW	Digital Licensing Inc Zions xx4702	
08/12/22		100,000.00	PC Wire Out	PURDY OIL, LLC			PAYROLL TRA	Digital Licensing Inc Zions xx2497	
08/16/22		30,500.00	OUTGOING WIRE - BRANCH INITIAT	PURDY OIL, LLC			EQUIPMENT GA	Digital Licensing Inc Zions xx2497	
08/29/22		117,208.00	PC Wire Out	PURDY OIL, LLC			PAYROLL FOR	Digital Licensing Inc Zions xx2497	
09/02/22	\$	60,000.00	Wire Out	PURDY OIL			PAYORLL AND LOGI	Digital Licensing Inc Zions xx4702	
09/09/22	\$	105,216.20	Wire Out	PURDY OIL			FISHERMAN EXPENS	Digital Licensing Inc Zions xx4702	
09/12/22	\$	40,500.00	Wire Out	PURDY OIL			NEBRASKA FUEL	Digital Licensing Inc Zions xx4702	
09/14/22	\$	210,000.00	Wire Out	PURDY OIL			NEBRASKA PAYROLL	Digital Licensing Inc Zions xx4702	
09/23/22	\$	80,208.88	Wire Out	Gene Purdy			LOAN	Digital Licensing Inc Zions xx4702	
10/11/22	\$	34,975.54	Wire Out	Gene Purdy			LOAN	Digital Licensing Inc Zions xx4702	

EX 4 DL transactions

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Exhibit 5

IX Global LLC	
<u>Amount</u>	
1,140,127.31	14,981,574.66

Date Posted	Deposit	Withdrawal	Stmnt Description	payer / payee	check date	chk #	For	Account	sub Account
2021-10-27		1,000.00	Pre-Authorized Payment	SAV 7095			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-10-27		1,000.00	Pre-Authorized Payment	SAV 7103			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-11-01		3,500.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-11-08		6,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-11-10	5,000.00		Pre-Authorized Deposit	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-11-16		15,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-11-22		4,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-11-22		1,000.00	Pre-Authorized Payment	SAV 7079			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-11-22		1,000.00	Pre-Authorized Payment	SAV 7095			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-11-22		1,000.00	Pre-Authorized Payment	SAV 7103			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-11-29		3,500.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-12-07		3,500.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-12-10		1,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-12-10		1,000.00	Pre-Authorized Payment	SAV 7079			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-12-10		1,000.00	Pre-Authorized Payment	SAV 7095			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-12-10		1,000.00	Pre-Authorized Payment	SAV 7103			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-12-14		3,500.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-12-27	100,000.00		Pre-Authorized Deposit	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-12-29		1,000.00	Pre-Authorized Payment	SAV 7079			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-12-29		1,000.00	Pre-Authorized Payment	SAV 7095			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-12-29		1,000.00	Pre-Authorized Payment	SAV 7103			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-12-30	70,000.00		Pre-Authorized Deposit	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2021-12-30	30,000.00		Pre-Authorized Deposit	SAV 9195			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-01-03		4,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-01-10		5,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-01-18		5,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-01-18		3,500.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-01-24		5,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-01-28		2,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-01-31		1,000.00	Pre-Authorized Payment	SAV 7079			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-01-31		1,000.00	Pre-Authorized Payment	SAV 7095			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-01-31		1,000.00	Pre-Authorized Payment	SAV 7103			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-02-02		1,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-02-03		2,500.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-02-07		5,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-02-11		10,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-02-14		250,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-02-14		100,000.00	Pre-Authorized Payment	SAV 9195			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-02-25		110,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-02-25		1,000.00	Pre-Authorized Payment	SAV 7079			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-02-25		1,000.00	Pre-Authorized Payment	SAV 7095			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-02-25		1,000.00	Pre-Authorized Payment	SAV 7103			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-03-07		100,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-03-18		100,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	

EX 5 IX Global transactions

Date Posted	Deposit	Withdrawal	Stmnt Description	payer / payee	check date	chk #	For	Account	sub Account
2022-03-24		2,652.00	Pre-Authorized Payment	CHK 2699			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-03-25		100,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-04-05		1,000.00	Pre-Authorized Payment	SAV 7079			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-04-05		1,000.00	Pre-Authorized Payment	SAV 7095			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-04-05		1,000.00	Pre-Authorized Payment	SAV 7103			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-04-11		4,229.16	Pre-Authorized Payment	CHK 2699			account of Joseph Martinez	IX Global LLC JPMCB xx1712	
2022-04-20	150,000.00		Pre-Authorized Deposit	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-04-20	100,000.00		Pre-Authorized Deposit	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-04-26		25,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-05-05		150,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-05-05		60,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-05-05	1,000.00		Pre-Authorized Deposit	SAV 7079			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-05-05		2,000.00	Pre-Authorized Payment	SAV 7079			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-05-05		1,000.00	Pre-Authorized Payment	SAV 7095			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-05-05		1,000.00	Pre-Authorized Payment	SAV 7103			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-05-16		500,000.00	Pre-Authorized Payment	SAV 9195			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-05-18		500,000.00	Pre-Authorized Payment	SAV 9195			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-05-25		250,000.00	Pre-Authorized Payment	SAV 9195			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-05-26		700,000.00	Pre-Authorized Payment	SAV 9195			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-06-06		210,000.00	Pre-Authorized Payment	SAV 9195			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-06-22	4,000.00		Pre-Authorized Deposit	SAV 9195			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-06-23	5,300.00		Pre-Authorized Deposit	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-06-29	110,000.00		Pre-Authorized Deposit	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-06-29	45,000.00		Pre-Authorized Deposit	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-06-29		150,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-07-13		2,000.00	Pre-Authorized Payment	SAV 7079			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-07-13		2,000.00	Pre-Authorized Payment	SAV 7095			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-07-13		2,000.00	Pre-Authorized Payment	SAV 7103			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-07-14		40,000.00	Pre-Authorized Payment	CHK 3506			account of Joseph Martinez	IX Global LLC JPMCB xx7087	
2022-08-12		90,000.00	Withdrawal	SLC Motorcars	8/12/2022	9035936480	account of Joseph Martinez	IX Global LLC JPMCB xx7087	
09/07/2022		50,000.00	ACH	IRS			Joseph A Martinez	IX Global Bank of America xx8643	
09/12/2022		71,415.00	ACH	IRS			Joseph A Martinez	IX Global Bank of America xx8643	
01/11/2023		20,000.00	ACH	IRS			Joseph A Martinez & Ros	IX Global Bank of America xx8643	
01/13/2023		118,000.00	ACH	IRS			Joseph A Martinez & Ros	IX Global Bank of America xx8643	
03/14/23		1,000.00	Withdrawal	Cash			Joseph	IX Global LLC Mountain America Credit Union xx0736	
03/21/2023		20,000.00	Revolut Remittance Transfer Debit	Joseph Martinez			Share 50	IX Global LLC Metropolitan Commercial Bank xx9883	Revolut
04/21/23		66,000.00	Transfer	Joseph Martinez			Joseph	IX Global LLC Mountain America Credit Union xx0736	
2022-05-25		1,395.00	Online ACH Payment	TravisFlaherty (#####8614)			Joseph	IX Global LLC JPMCB xx7087	
2022-06-08		3,475.00	Online ACH Payment	TravisFlaherty (#####8614)				IX Global LLC JPMCB xx7087	
2022-06-15		1,975.00	Online ACH Payment	TravisFlaherty (#####8614)				IX Global LLC JPMCB xx7087	
2022-06-23		1,375.00	Online ACH Payment	TravisFlaherty (#####8614)				IX Global LLC JPMCB xx7087	
2022-06-29		643.00	Online ACH Payment	TravisFlaherty (#####8614)				IX Global LLC JPMCB xx7087	
7/1/2022		9,950.00	WIRE	Travis Flaherty			IX JULY 1	IX Global LLC JPMCB xx7087	
7/6/2022		10,000.00	WIRE	Travis Flaherty			IX JUL 06	IX Global LLC JPMCB xx7087	

EX 5 IX Global transactions

Date Posted	Deposit	Withdrawal	Stmnt Description	payer / payee	check date	chk #	For	Account	sub Account
2022-07-13		9,950.00	Online ACH Payment	TravisFlaherty (#####8614)				IX Global LLC JPMCB xx7087	
2022-07-19		1,675.00	Online ACH Payment	TravisFlaherty (#####8614)				IX Global LLC JPMCB xx7087	
7/27/2022		30,000.00	WIRE	Travis Flaherty			AUGUST	IX Global LLC JPMCB xx7087	
2022-07-27		1,073.50	Online ACH Payment	TravisFlaherty (#####8614)				IX Global LLC JPMCB xx7087	
2022-08-04		7,475.00	Online ACH Payment	TravisFlaherty (#####8614)				IX Global LLC JPMCB xx7087	
8/8/2022		18,000.00	WIRE	Travis Flaherty			IX AUG 08	IX Global LLC JPMCB xx7087	
8/16/2022		20,000.00	WIRE	Travis Flaherty			IX AUG 16	IX Global LLC JPMCB xx7087	
08/22/2022		20,000.00	Payments and Invoicing Payment	Travis Flaherty				IX Global LLC Bank of America xx8643	
10/06/2022		100,000.00	Wire	TRAVIS FLAHERTY			IX OCT 6	IX Global LLC Bank of America xx8630	
11/03/2022		100,000.00	Wire	TRAVIS FLAHERTY			IX NOV 03	IX Global LLC Bank of America xx8630	
12/20/2022		239,975.00	Wire	TRAVIS FLAHERTY			IX DEC 19	IX Global LLC Bank of America xx8630	

EX 5 IX Global transactions

Exhibit 6

Calmfritz Holdings LLC		Amount		(signed by)		check date		payor / payee		check #		For		Account	
Date Posted	Deposit	Withdrawal													
2021-11-12		44,520.00						DIGITAL LICENSING INC				DLG		Calmfritz Holdings LLC JPMC CB xx8115	
2021-11-12		133,350.00						DIGITAL LICENSING INC				BOLD		Calmfritz Holdings LLC JPMC CB xx8115	
2021-11-18		176,650.00						DIGITAL LICENSING INC				BGLD		Calmfritz Holdings LLC JPMC CB xx8115	
2021-11-26		80,500.00						DIGITAL LICENSING INC				BGLD		Calmfritz Holdings LLC JPMC CB xx8115	
2021-12-02		78,890.00						DIGITAL LICENSING INC				BGLD		Calmfritz Holdings LLC JPMC CB xx8115	
2021-12-15		29,680.00						DIGITAL LICENSING INC				GLD		Calmfritz Holdings LLC JPMC CB xx8115	
2021-12-15		136,680.00						DIGITAL LICENSING INC				BGLD		Calmfritz Holdings LLC JPMC CB xx8115	
2021-12-17		18,550.00						DIGITAL LICENSING INC				DLG		Calmfritz Holdings LLC JPMC CB xx8115	
2021-12-17		63,570.00						DIGITAL LICENSING INC				BGLD		Calmfritz Holdings LLC JPMC CB xx8115	
2021-12-31		20,860.00						DIGITAL LICENSING INC				BGLD		Calmfritz Holdings LLC JPMC CB xx8115	
2021-12-31		25,970.00						DIGITAL LICENSING INC				DLG		Calmfritz Holdings LLC JPMC CB xx8115	
2022-01-27		37,100.00						DIGITAL LICENSING INC				DLG 10		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-01		3,710.00						DIGITAL LICENSING INC				1 GOLD		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-01		252,000.00						DIGITAL LICENSING INC				120 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-02		52,500.00						DIGITAL LICENSING INC				25 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-04		14,840.00						DIGITAL LICENSING INC				4 DLG		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-04		63,900.00						DIGITAL LICENSING INC				DEBT 30		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-04		196,350.00						DIGITAL LICENSING INC				BGLD 55		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-09		18,550.00						DIGITAL LICENSING INC				5 DLG		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-09		52,500.00						DIGITAL LICENSING INC				25 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-09		109,200.00						DIGITAL LICENSING INC				30 BGLD		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-15		52,500.00						DIGITAL LICENSING INC				25 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-15		98,000.00						DIGITAL LICENSING INC				25 BGLD		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-17		52,500.00						DIGITAL LICENSING INC				25 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-17		119,000.00						DIGITAL LICENSING INC				25 BGLD , ADDITIONAL 7K		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-24		52,500.00						DIGITAL LICENSING INC				25 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-25		52,500.00						DIGITAL LICENSING INC				25 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-02-28		105,000.00						DIGITAL LICENSING INC				50 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-01		105,000.00						DIGITAL LICENSING INC				50 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-02		52,500.00						DIGITAL LICENSING INC				DEBT 25		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-03		105,000.00						DIGITAL LICENSING INC				50 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-04		127,750.00						DIGITAL LICENSING INC				25 BGLD		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-07		52,500.00						DIGITAL LICENSING INC				25 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-08		105,000.00						DIGITAL LICENSING INC				50 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-10		52,500.00						DIGITAL LICENSING INC				DEBT LICENSES - 25		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-14		210,000.00						DIGITAL LICENSING INC				100 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-15		472,500.00						DIGITAL LICENSING INC				225 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-16		52,500.00						DIGITAL LICENSING INC				225 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-18		59,500.00						DIGITAL LICENSING INC				10 BGLD		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-18		420,000.00						DIGITAL LICENSING INC				200 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-22		89,950.00						DIGITAL LICENSING INC				15 BGLD		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-25		52,500.00						DIGITAL LICENSING INC				25 DEBT		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-25		210,700.00						DIGITAL LICENSING INC				35 BGLD		Calmfritz Holdings LLC JPMC CB xx8115	
2022-03-28		3,780.00						151 DIGITAL LICENSING INC				1 DLG		Calmfritz Holdings LLC JPMC CB xx0639	
2022-03-29		65,800.00						DIGITAL LICENSING INC				10 BGLD		Calmfritz Holdings LLC JPMC CB xx8115	

Date Posted	Deposit	Withdrawal	Stmt Description	pavor / pavee	check date	chk #	For	Account
2022-04-01								
2022-04-21		66,500.00	OUTBOUND FED WIRE TRANSFER	DIGITAL LICENSING INC		10 BGLD		Calmritz Holdings LLC JPMCB xx8115
2022-04-21		416,500.00	OUTBOUND FED WIRE TRANSFER	DIGITAL LICENSING INC		175 NATG		Calmritz Holdings LLC JPMCB xx8115
2022-04-22		238,000.00	OUTBOUND FED WIRE TRANSFER	DIGITAL LICENSING INC		NATG 100		Calmritz Holdings LLC JPMCB xx8115
2022-04-22		476,000.00	OUTBOUND FED WIRE TRANSFER	DIGITAL LICENSING INC		200 NAT		Calmritz Holdings LLC JPMCB xx8115
2022-07-14		271,479.52	OUTBOUND FED WIRE TRANSFER	DIGITAL LICENSING INC				Calmritz Holdings LLC JPMCB xx8115
08/12/22		50,000.00	Customer Experience Interface Initiated	DIGITAL LICENSING INC			SOFTWARE LICENSES	Calmritz Holdings LLC USBank xx4054
08/18/22		50,000.00	Customer Experience Interface Initiated	DIGITAL LICENSING INC			XPLR CREDIT PAYMENT	Calmritz Holdings LLC USBank xx4054
08/22/22		50,000.00	Customer Experience Interface Initiated	DIGITAL LICENSING INC			CREDIT REPAYMENT	Calmritz Holdings LLC USBank xx4054
08/25/22		75,000.00	Customer Experience Interface Initiated	DIGITAL LICENSING INC			CREDIT REPAYMENT	Calmritz Holdings LLC USBank xx4054
09/06/22		80,500.00	Customer Experience Interface Initiated	DIGITAL LICENSING INC			CREDIT REPAYMENT	Calmritz Holdings LLC USBank xx4054
12/19/22		900,000.00	Customer Experience Interface Initiated	DIGITAL LICENSING INC			LOAN REPAYMENT	Calmritz Holdings LLC USBank xx4054
01/18/23		500,000.00	Customer Experience Interface Initiated	DIGITAL LICENSING INC			CLIENT	Calmritz Holdings LLC USBank xx4054
01/20/23		233,000.00	Customer Experience Interface Initiated	DIGITAL LICENSING INC			PURCHASE OF CONTRACTS FOR SOFTWARE BUSINESS RELATIONS	Calmritz Holdings LLC USBank xx4054
01/26/23		200,000.00	Customer Experience Interface Initiated	DIGITAL LICENSING INC			PURCHASE WHOLESALE SOFTWARE	Calmritz Holdings LLC USBank xx4054
02/02/23		73,000.00	Customer Experience Interface Initiated	DIGIT LICENSING INC			SOFTWARE FOR RESALE	Calmritz Holdings LLC USBank xx4054
02/02/23		73,000.00	Customer Experience Interface Initiated	DIGIT LICENSING INC			WHOLESALE SOFTWARE LICENSES	Calmritz Holdings LLC USBank xx4054
02/03/23		46,875.00	Customer Experience Interface Initiated	DIGIT LICENSING INC			WHOLESALE SOFTWARE PURCHASE	Calmritz Holdings LLC USBank xx4054
02/07/23		78,000.00	Customer Experience Interface Initiated	DIGIT LICENSING INC			WHOLESALE SOFTWARE SALES	Calmritz Holdings LLC USBank xx4054
02/17/23		47,100.00	BRANCH INITIATED WIRES	DIGIT LICENSING INC			BUSINESS	Calmritz Holdings LLC USBank xx4054
02/24/23		45,000.00	BRANCH INITIATED WIRES	DIGIT LICENSING INC			BUSINESS VENDOR	Calmritz Holdings LLC USBank xx4054
02/27/23		52,700.00	BRANCH INITIATED WIRES	DIGIT LICENSING INC			BUSINESS CLIENT	Calmritz Holdings LLC USBank xx4054
03/10/23		76,500.00	BRANCH INITIATED WIRES	DIGIT LICENSING INC			PURCHASING SOFTWARE	Calmritz Holdings LLC USBank xx4054
03/15/23		36,500.00	BRANCH INITIATED WIRES	DIGIT LICENSING INC			VENDOR	Calmritz Holdings LLC USBank xx4054
03/17/23		17,000.00	BRANCH INITIATED WIRES	DIGIT LICENSING INC			BUSINESS CLIENT	Calmritz Holdings LLC USBank xx4054
03/21/23		34,000.00	BRANCH INITIATED WIRES	DIGIT LICENSING INC			WHOLESALE SOFTWARE PURCHASE	Calmritz Holdings LLC USBank xx4054
03/31/23		36,550.00	Withdrawal	Digit Licensing Inc			CLIENT	Calmritz Holdings LLC USBank xx4054
2022-04-07		30,000.00	OUTBOUND FED WIRE TRANSFER	MATTHEW FRITZSCHE	04/13/23	M Fritzsche 3904516631	WHOLESALE SOFTWARE SALES	Calmritz Holdings LLC USBank xx4054
03/31/23		2,000.00	Zelle Instant	Matt Fritzsche			BUYER	Calmritz Holdings LLC USBank xx4054
							Software Order	Calmritz Holdings LLC JPMCB xx0639
							Distribution	Calmritz Holdings LLC USBank xx4054

EX 6 Calmritz transactions

Exhibit 7

Calmes & Co Inc		(signed by)					
Amount							
Date Posted	Deposit	Withdrawal	Stmt Description	payer / payee	check date	chk #	For Account
2021-11-08	73,000.00	260,920.00					
2021-11-08		20,200.00	OUTBOUND FED WIRE TRANSFER	CALMFRTZ HOLDINGS, LLC			Ronnie Calmes Calmes & Co JPMCB xx2788
2021-11-12		27,720.00	OUTBOUND FED WIRE TRANSFER	CALMFRTZ HOLDINGS, LLC			Hans Solo Calmes & Co JPMCB xx2788
2021-11-16		9,500.00	OUTBOUND FED WIRE TRANSFER	CALMFRTZ HOLDINGS, LLC			Ronnie Calmes Calmes & Co JPMCB xx2788
2021-11-18		29,600.00	OUTBOUND FED WIRE TRANSFER	CALMFRTZ HOLDINGS, LLC			Sales Calmes & Co JPMCB xx2788
2021-11-24		11,400.00	OUTBOUND FED WIRE TRANSFER	CALMFRTZ HOLDINGS, LLC			RICK JORDAN AND BECKY BUEHNER Calmes & Co JPMCB xx2788
2021-12-31	13,000.00		PRE-AUTHORIZED DEPOSIT	CHK ...8115			account of Calmfrtiz Holdings Calmes & Co JPMCB xx6549
2022-04-11	60,000.00		PRE-AUTHORIZED DEPOSIT	CHK ...0639			account of Calmfrtiz Holdings Calmes & Co JPMCB xx6893
2023-01-20		157,500.00	OUTBOUND FED WIRE TRANSFER	CALMFRTZ HOLDINGS, LLC			Calmes & Co JPMCB xx2788
2023-01-25		5,000.00	ONLINE REAL TIME TRANSFER	CalmFritz 4054			Calmes & Co JPMCB xx2788

Exhibit 8

Date Posted	Deposit	Withdrawal	Smt Description	pavoi / pavve	check date	chk #	For	Account
12/15/22		349,630.35		1 Salt Lake Ferrari	12/09/22 Jason		ZFK?98RMA9NO285442	BLOX America First CU xx2519
11/23/22		450,744.58	Withdrawal	Ferrari of Salt Lake	11/23/22	807445	VIN # ZFF97CMA1NQ282701	Blox Wash Federal Bank xx8442
05/12/22		454,410.00	Wire	First American Title Insurance Comp			Pine Bluffs, WY	Blox Wash Federal Bank xx8442
09/09/22		1,089,051.72	Wire	Metro National Title Trust			Escrow 93828 Address [REDACTED] South, Draper, UT	Blox Wash Federal Bank xx8442
11/21/22		850,000.00	Wire	Stewart Title Company			Escrow Account File # 1857453	Blox Wash Federal Bank xx8442
10/18/22		350,000.00	Wire	Trever Fritzsche			Cash Out Refi	Blox Wash Federal Bank xx8442
12/02/21		\$25,000.00	2122	Ferrari of SLC				Business Funding Utah First CU xx5607
12/02/21		\$25,000.00	2123	Ferrari of SLC				Business Funding Utah First CU xx5607
12/02/21		\$25,000.00	2124	Ferrari of SLC			? DL1780? 296?	Business Funding Utah First CU xx5607
12/13/21		\$50,000.00	2121	Ferrari of SLC	11/29/21 Jason		SF 90 spider?? DL1774	Business Funding Utah First CU xx5607
06/07/22		\$25,000.00	2130	Ferrari of SLC	06/02/22 Jason		296 ?	Business Funding Utah First CU xx5607
01/27/23	\$	33,000.00	Wire Out	STUTEVILLE FORD LINCOLN OF PON				Digital Licensing Inc Zions xx4702
8/2021 - 4/2023		\$1,009,390	ACH/W/I	American Express			Joseph M Martinez	IX Global accounts
09/27/2022		1,756.50	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
10/25/2022		757.00	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
10/31/2022		358.50	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
11/15/2022		506.00	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
11/22/2022		1,372.50	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
11/28/2022		721.00	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
12/05/2022		417.00	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
12/12/2022		1,020.00	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
12/27/2022		1,678.50	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
12/30/2022		329.00	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
01/09/2023		356.50	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
01/27/2023		1,040.00	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
01/31/2023		428.50	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
02/07/2023		1,898.00	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
02/14/2023		1,074.00	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
02/23/2023		901.00	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
02/28/2023		542.00	EXTERNAL XFR	Custom Classic Auto				IX Global LLC Bank of America xx8630
3/4/2022		27,997.71	WIRE	EXTREME SCENE ADVENTURES AND TOURS			INVOICE EX5070422BUSINESS TRAVEL	IX Global LLC JPMCB xx7087
4/1/2022		1,566.99	WIRE	EXTREME SCENE ADVENTURES AND TOURS			INVOICE EX5100422INVOICE PAYMENT	IX Global LLC JPMCB xx7087

Exhibit 9

Amount: \$164,472.35 Sequence Number: 3952876752
Account: [REDACTED] 9754 Capture Date: 06/30/2023
Bank Number: 54086010 Check Number: 4441280304

Cashier's Check Credit

No. 4441280304

Bank of America, N.A.
Phoenix, Arizona
110/1006020

91-170/1221

DATE
06/30/2023 07:19:51 AM

06-12-21838 02-2019

PAY  BANK OF AMERICA 

** One Hundred Sixty Four Thousand Four Hundred Seventy Two and 35/100 Dollars **

\$164,472.35

To The
Order Of
IX GLOBAL LLC
769 TANGLEWOOD LOOP
NORTH SALT LAKE ,UT 84054-3342

Void Over \$ 164,472.35
Void Over 90 Days

Remitter: 75267825, NID, 8630

⑈4441280304⑈ ⑆540860108⑆ [REDACTED] 9754⑈

010923846

Seq: 1
Batch: 033355
Date: 06/30/23

Seq:00001 06/30/23
BAT:033355 CC:0991006020
WT:08 LTPS:Dallas CT
BC:RAC Texas TX2-980

Electronic Endorsements:

Date	Sequence	Bank #	Endrs Type	TRN	RRC	Bank Name
06/30/2023	3952876752	111000025	Rtn Loc/BOFD	Y		Bank of America, NA

Amount: \$164,472.35 Sequence Number: 4592733791
 Account: 9754 Capture Date: 07/11/2023
 Bank Number: 12210170 Check Number: 4441280304

BANK OF AMERICA

Cashier's Check

No. 4441280304

Bank of America, N.A.
 Phoenix, Arizona
 110/1006020

91-170/1221

DATE
 06/30/2023 07:19:51 AM

PAY



** One Hundred Sixty-Four Thousand Four Hundred Seventy Two and 35/100 Dollars **

***\$164,472.35**

To The
 Order Of

IX GLOBAL LLC
 769 TANGLEWOOD LOOP
 NORTH SALT LAKE, UT 84054-3342

Remitter: 75267825, NID, 8630

Void Over \$ 164,472.35
 Void Over 90 Days

[Signature]
 AUTHORIZED SIGNATURE

⑈4441280304⑈ ⑆122101706⑆ 9754⑈

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

010923846

Mountain America CU
 >324079555<
 Branch #: 0018
 TELLER: 1111
 Transaction #: 9459665
 7/10/2023 11:47 AM
 DIN: 859200000083542
 >324079555<

ENDORSE CHECK HERE
 CREDIT TO THE ACCOUNT OF THE PAYEE
 MOUNTAIN AMERICA CREDIT UNION
 FOR DEPOSIT ONLY

Electronic Endorsements:

Date	Sequence	Bank #	Endrs Type	TRN	RRC	Bank Name
07/11/2023	004592733791	111012822	Pay Bank	N		Bank of America, NA
07/10/2023	00048797275	311990511	Undetermined	N		Catalyst Corporate F
07/10/2023	859200000083542	324079555	Rtn Loc/BOFD	Y		Mountain America FCU

Amount: \$553,305.99 Sequence Number: 3952876754
Account: [REDACTED] 754 Capture Date: 06/30/2023
Bank Number: 54086010 Check Number: 4441280305

Cashier's Check Credit

No. 4441280305

Bank of America, N.A.
Phoenix, Arizona
110/1006020

91-170/1221

DATE
06/30/2023 07:19:51 AM

00-12-23828 01-2019

PAY  BANK OF AMERICA **55330599**
HIVE FIVE THREE THIRTY ZERO FIVE CTSCTS

** Five Hundred Fifty Three Thousand Three Hundred Five and 99/100 Dollars **

***\$553,305.99**

To The
Order Of IX GLOBAL LLC
769 TANGLEWOOD LOOP
NORTH SALT LAKE ,UT 84054-3342

Void Over \$ 553,305.99

Remitter: 75267825, NID, 8643

Void Over 90 Days

⑈4441280305⑈ ⑆540860108⑆ [REDACTED] 9754⑈

010923847


Seq: 3
Batch: 033355
Date: 06/30/23

Seq:00003 06/30/23
BAT:033355 CC:0991006020
WT:08 LTPS:Dallas, CT
BC:RAC Texas TX2-980

Electronic Endorsements:


Date	Sequence	Bank #	Endrs Type	TRN	RRC	Bank Name
06/30/2023	3952876754	111000025	Rtn Loc/BOFD	Y		Bank of America, NA

Amount: \$553,305.99 Sequence Number: 4592733775
 Account: 9754 Capture Date: 07/11/2023
 Bank Number: 12210170 Check Number: 4441280305

BANK OF AMERICA  **Cashier's Check** No. 4441280305

Bank of America, N.A.
 Phoenix, Arizona
 11071006020

91-17071221 DATE 06/30/2023 07:19:51 AM

PAY  **BANK OF AMERICA** **553,305.99**
 FIVE FIVE THREE THREE ZERO FIVE CTSCS

**** Five Hundred Fifty Three Thousand Three Hundred Five and 99/100 Dollars **** ****\$553,305.99****

To The Order Of **IX GLOBAL LLC**
 769 TANGLEWOOD LOOP
 NORTH SALT LAKE, UT 84054-3342

Remitter: 75267825, NID, 8643

Void Over \$ 553,305.99
 Void Over 90 Days

TWO SIGNATURES REQUIRED FOR AMOUNTS OVER \$250,000

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.

010923847

Mountain America CU
 >324079555<
 Branch #: 0018
 TELLER: 1111
 Transaction #: 9459665
 7/10/2023 11:47 AM
 DIN: 859200000083544
 >324079555<

ENDORSE CHECK HERE
 CREDIT TO THE ACCOUNT OF THE PAYEE
 MOUNTAIN AMERICA CREDIT UNION
 FOR DEPOSIT ONLY

Electronic Endorsements:

Date	Sequence	Bank #	Endrs Type	TRN	RRC	Bank Name
07/10/2023	00048797285	311990511	Undetermined	N		Catalyst Corporate F
07/11/2023	004592733775	111012822	Pay Bank	N		Bank of America, NA
07/10/2023	859200000083544	324079555	Rtn Loc/BOFD	Y		Mountain America FCU

Amount: \$10,003.55 Sequence Number: 3952876756
Account: [REDACTED] 9754 Capture Date: 06/30/2023
Bank Number: 54086010 Check Number: 4441280306

Cashier's Check Credit

No. 4441280306

Bank of America, N.A.
Phoenix, Arizona
110/1006020

91-170/1221

DATE
06/30/2023 07:19:51 AM

00-12-23 02-2019

PAY  BANK OF AMERICA 1000355
ONE ZERO ZERO ZERO THREE CENTS

** Ten Thousand Three and 55/100 Dollars **

***\$10,003.55**

To The
Order Of IX GLOBAL LLC
769 TANGLEWOOD LOOP
NORTH SALT LAKE ,UT 84054-3342

Void Over \$ 10,003.55

Remitter: 75267825, NID, 8656

Void Over 90 Days

⑈4441280306⑈ ⑆540860108⑆ [REDACTED] 754⑈

010923848


Seq: 5
Batch: 033355
Date: 06/30/23

Seq:00005 06/30/23
BAT:033355 CC:0991006020
WT:08 LTPS:Dallas CT
BC:RAC Texas TX2-988

Electronic Endorsements:

Date	Sequence	Bank #	Endrs Type	TRN	RRC	Bank Name
06/30/2023	3952876756	111000025	Rtn Loc/BOFD	Y		Bank of America, NA

Amount: \$10,003.55 Sequence Number: 4592733774
 Account: [REDACTED] 9754 Capture Date: 07/11/2023
 Bank Number: 12210170 Check Number: 4441280306

BANK OF AMERICA		Cashier's Check	No. 4441280306
Bank of America, N.A. Phoenix, Arizona 110/1006020		91-170/1221 DATE 06/30/2023 07:19:51 AM	
PAY 00-12-2182B 02-2019	BANK OF AMERICA ONE ZERO ZERO ZERO THREE CTSCTS ** Ten Thousand Three and 55/100 Dollars **		**\$10,003.55**
To The Order Of IX GLOBAL LLC 769 TANGLEWOOD LOOP NORTH SALT LAKE, UT 84054-3342		Void Over \$ 10,003.55 Void Over 90 Days	
Remitter: 75267825, NID, 8656		 AUTHORIZED SIGNATURE	
114441280306 1122101706 [REDACTED] 9754			
THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENTS.			

010923848

Mountain America CU
 >324079555<
 Branch #: 0018
 TELLER: 1111
 Transaction #: 9459665
 7/10/2023 11:47 AM
 DIN: 859200000083543
 >324079555<

ENDORSE CHECK HERE
 CREDIT TO THE ACCOUNT OF THE PAYEE
 MOUNTAIN AMERICA CREDIT UNION
 FOR DEPOSIT ONLY

Electronic Endorsements:

Date	Sequence	Bank #	Endrs Type	TRN	RRC	Bank Name
07/11/2023	004592733774	111012822	Pay Bank	N		Bank of America, NA
07/10/2023	859200000083543	324079555	Rtn Loc/BOFD	Y		Mountain America FCU
07/10/2023	00048797280	311990511	Undetermined	N		Catalyst Corporate F

Exhibit 10

0736 IX GLOBAL Transaction Summary

07/11/2023

Post Date	ID	Eff Date	Transacti...	Trans Amt	Balance...	Int/...	Fees	New Balance	Description	Prev Availa...
			%% ACH Trace [REDACTED]							
			%% ACH ECC IAT							
			TYPE: IAT PAYPAL							
			CO: CORRADO CAVARRA							
07/07/2...	S 50	07/07/2...	ACH Wit...	94.50	-94.50	0.00	0.00	679,956.11	CORRADO CAVA...	680,050.61
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							
			TYPE: CND 266693 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit...	15,000.00	-15,000...	0.00	0.00	680,050.61	GUSTO	695,050.61
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							
			TYPE: CND 266693 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit...	10,000.00	-10,000...	0.00	0.00	695,050.61	GUSTO	705,050.61
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							
			TYPE: CND 266693 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit...	7,500.00	-7,500.00	0.00	0.00	705,050.61	GUSTO	712,550.61
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							
			TYPE: CND 266693 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit...	6,000.00	-6,000.00	0.00	0.00	712,550.61	GUSTO	718,550.61
			%% ACH Trace [REDACTED]							
			%% ACH ECC WEB							
			NAME: IX GLOBAL LLC							
			TYPE: INST XFER CO: PAYPAL							
07/07/2...	S 50	07/07/2...	ACH Wit...	5,596.55	-5,596.55	0.00	0.00	718,550.61	PAYPAL	724,147.16
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							
			TYPE: CND 266693 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit...	5,000.00	-5,000.00	0.00	0.00	724,147.16	GUSTO	729,147.16
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							
			TYPE: CND 266693 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit...	5,000.00	-5,000.00	0.00	0.00	729,147.16	GUSTO	734,147.16
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							
			TYPE: ICD 258903 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit...	4,955.01	-4,955.01	0.00	0.00	734,147.16	GUSTO	739,102.17
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							
			TYPE: CND 266693 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit...	4,000.00	-4,000.00	0.00	0.00	739,102.17	GUSTO	743,102.17
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							
			TYPE: CND 266693 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit...	4,000.00	-4,000.00	0.00	0.00	743,102.17	GUSTO	747,102.17
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							
			TYPE: CND 266693 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit...	3,750.00	-3,750.00	0.00	0.00	747,102.17	GUSTO	750,852.17
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							
			TYPE: CND 266693 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit...	3,250.00	-3,250.00	0.00	0.00	750,852.17	GUSTO	754,102.17
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							
			TYPE: CND 266693 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit...	3,250.00	-3,250.00	0.00	0.00	754,102.17	GUSTO	757,352.17
			%% ACH Trace [REDACTED]							
			%% ACH ECC CCD							

0736 IX GLOBAL Transaction Summary

07/11/2023

Post Date	ID	Eff Date	Transacti...	Trans Amt	Balance...	Int/...	Fees	New Balance	Description	Prev Availa...
07/07/2...	S 50	07/07/2...	TYPE: CND 266693 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC CCD	3,250.00	-3,250.00	0.00	0.00	757,352.17	GUSTO	760,602.17
07/07/2...	S 50	07/07/2...	TYPE: CND 266693 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC CCD	3,250.00	-3,250.00	0.00	0.00	760,602.17	GUSTO	763,852.17
07/07/2...	S 50	07/07/2...	TYPE: CND 266693 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC CCD	2,500.00	-2,500.00	0.00	0.00	763,852.17	GUSTO	766,352.17
07/07/2...	S 50	07/07/2...	TYPE: CND 266693 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC CCD	2,500.00	-2,500.00	0.00	0.00	766,352.17	GUSTO	768,852.17
07/07/2...	S 50	07/07/2...	TYPE: CND 266693 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC CCD	2,500.00	-2,500.00	0.00	0.00	768,852.17	GUSTO	771,352.17
07/07/2...	S 50	07/07/2...	TYPE: CND 266693 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC CCD	1,500.00	-1,500.00	0.00	0.00	771,352.17	GUSTO	772,852.17
07/07/2...	S 50	07/07/2...	TYPE: CND 266693 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC CCD	1,500.00	-1,500.00	0.00	0.00	772,852.17	GUSTO	774,352.17
07/07/2...	S 50	07/07/2...	TYPE: CND 266693 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC CCD	1,500.00	-1,500.00	0.00	0.00	774,352.17	GUSTO	775,852.17
07/07/2...	S 50	07/07/2...	TYPE: CND 266693 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC CCD	1,500.00	-1,500.00	0.00	0.00	775,852.17	GUSTO	777,352.17
07/07/2...	S 50	07/07/2...	TYPE: CND 266693 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC CCD	1,500.00	-1,500.00	0.00	0.00	777,352.17	GUSTO	778,852.17
07/07/2...	S 50	07/07/2...	TYPE: ICD 258903 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC CCD	1,238.75	-1,238.75	0.00	0.00	778,852.17	GUSTO	780,090.92
07/07/2...	S 50	07/07/2...	TYPE: CND 266693 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC CCD	1,000.00	-1,000.00	0.00	0.00	780,090.92	GUSTO	781,090.92
07/07/2...	S 50	07/07/2...	TYPE: CND 266693 CO: GUSTO ACH Wit... %% ACH Trace %% ACH ECC WEB NAME: IX GLOBAL LLC	1,000.00	-1,000.00	0.00	0.00	781,090.92	GUSTO	782,090.92
07/07/2...	S 50	07/07/2...	TYPE: INST XFER CO: PAYPAL ACH Wit... %% ACH Trace %% ACH ECC CCD	990.00	-990.00	0.00	0.00	782,090.92	PAYPAL	783,080.92
07/07/2...	S 50	07/07/2...	TYPE: ICD 258903 CO: GUSTO ACH Wit... %% ACH Trace	768.03	-768.03	0.00	0.00	783,080.92	GUSTO	783,848.95

0736 IX GLOBAL Transaction Summary

07/11/2023

Post Date	ID	Eff Date	Transacti...	Trans Amt	Balance...	Int/...	Fees	New Balance	Description	Prev Availa...
			%% ACH ECC CCD TYPE: ICD 258903 CO: GUSTO							
07/07/2...	S 50	07/07/2...	ACH Wit... %% ACH Trace %% ACH ECC CCD TYPE: ICD 258903 CO: GUSTO	743.25 -743.25	-743.25	0.00	0.00	783,848.95	GUSTO	784,592.20
07/07/2...	S 50	07/07/2...	ACH Wit... %% ACH Trace %% ACH ECC WEB NAME: IX GLOBAL LLC TYPE: INST XFER CO: PAYPAL	743.25 -743.25	-743.25	0.00	0.00	784,592.20	GUSTO	785,335.45
07/07/2...	S 50	07/07/2...	ACH Wit... %% ACH Trace %% ACH ECC WEB NAME: IX GLOBAL LLC TYPE: INST XFER CO: PAYPAL	670.00 -670.00	-670.00	0.00	0.00	785,335.45	PAYPAL	786,005.45
07/07/2...	S 50	07/07/2...	ACH Wit... %% ACH Trace %% ACH ECC CCD TYPE: ICD 258903 CO: GUSTO	640.00 -640.00	-640.00	0.00	0.00	786,005.45	PAYPAL	786,645.45
07/07/2...	S 50	07/07/2...	ACH Wit... %% ACH Trace %% ACH ECC CCD TYPE: ICD 258903 CO: GUSTO	532.66 -532.66	-532.66	0.00	0.00	786,645.45	GUSTO	787,178.11
07/07/2...	S 50	07/07/2...	ACH Wit... %% ACH Trace %% ACH ECC CCD TYPE: ICD 258903 CO: GUSTO	458.34 -458.34	-458.34	0.00	0.00	787,178.11	GUSTO	787,636.45
07/07/2...	S 50	07/07/2...	ACH Wit... %% ACH Trace %% ACH ECC CCD TYPE: ICD 258903 CO: GUSTO	458.34 -458.34	-458.34	0.00	0.00	787,636.45	GUSTO	788,094.79
07/07/2...	S 50	07/07/2...	ACH Wit... %% ACH Trace %% ACH ECC CCD TYPE: ICD 258903 CO: GUSTO	433.56 -433.56	-433.56	0.00	0.00	788,094.79	GUSTO	788,528.35
07/07/2...	S 50	07/07/2...	ACH Wit... %% ACH Trace %% ACH ECC CCD TYPE: ICD 258903 CO: GUSTO	371.63 -371.63	-371.63	0.00	0.00	788,528.35	GUSTO	788,899.98
07/07/2...	S 50	07/07/2...	ACH Wit... %% ACH Trace %% ACH ECC CCD TYPE: ICD 258903 CO: GUSTO	334.46 -334.46	-334.46	0.00	0.00	788,899.98	GUSTO	789,234.44
07/07/2...	S 50	07/07/2...	ACH Wit... %% ACH Trace %% ACH ECC WEB NAME: IX GLOBAL LLC TYPE: INST XFER CO: PAYPAL	222.98 -222.98	-222.98	0.00	0.00	789,234.44	GUSTO	789,457.42
07/07/2...	S 50	07/07/2...	ACH Wit... %% ACH Trace %% ACH ECC CCD TYPE: ICD 258903 CO: GUSTO	100.00 -100.00	-100.00	0.00	0.00	789,457.42	PAYPAL	789,557.42
07/06/2...	S 50	07/06/2...	ACH Wit... %% ACH Trace %% ACH ECC WEB NAME: IX GLOBAL TYPE: WEBPAYMENT CO: GATEWAY SERVICES	197.34 -197.34	-197.34	0.00	0.00	789,557.42	GUSTO	789,754.76
07/06/2...	S 50	07/06/2...	ACH Wit...	80.00	-80.00	0.00	0.00	789,754.76	GATEWAY SERV...	789,834.76
07/05/2...	S 50	07/05/2...	Wire Wit...	300,000...	-300,00...	0.00	0.00	789,834.76		1,089,834.76

0736 IX GLOBAL Transaction Summary

07/11/2023

Post Date	ID	Eff Date	Transacti...	Trans Amt	Balance...	Int/...	Fees	New Balance	Description	Prev Availa...
07/05/2...	S 50	07/05/2...	%%Wire \$300,000.00 BUSINESS FUNDING SOLU %% WOr PROJECTION MANAGEMENT LLC							
07/03/2...	S 50	07/03/2...	Wire De... %% ACH Trace %% ACH ECC CCD TYPE: MERCH FEES CO: PAYARC	500,000...	500,000...	0.00	0.00	1,089,834.76		589,834.76
07/03/2...	S 50	07/03/2...	ACH Wit... %% ACH Trace %% ACH ECC CCD TYPE: TRANSFER CO: STRIPE	89.95 -89.95	-89.95	0.00	0.00	589,834.76	PAYARC	589,924.71
07/03/2...	S 50	07/03/2...	ACH De...	424,475...	424,475...	0.00	0.00	589,924.71	STRIPE	165,449.57

Exhibit 11

2717 DIGITAL LICENSIN Transaction Summary

07/11/2023

Post Date	ID	Eff Date	Transacti...	Trans Amt	Balance...	Int/...	Fees	New Balance	Description	Prev Availa...
			A2A Transfer: ****0050							
07/06/2...	S 50	07/06/2...	Home Ba...	5,224.60	-5,224.60	0.00	0.00	83,054.40		88,279.00
			A2A Transfer: ****0050							
07/06/2...	S 50	07/06/2...	Home Ba...	7,200.00	-7,200.00	0.00	0.00	88,279.00		95,479.00
			A2A Transfer: ****0050							
07/05/2...	S 50	07/05/2...	Home Ba...	9,000.00	-9,000.00	0.00	0.00	95,479.00		104,479.00
			A2A Transfer: ****0050							
07/05/2...	S 50	07/05/2...	Home Ba...	24,000.00	-24,000.00	0.00	0.00	104,479.00		128,479.00
			Business Wire to [REDACTED] 3562							
07/05/2...	S 50	07/05/2...	Home Ba...	6,000.00	-6,000.00	0.00	0.00	128,479.00		134,479.00